Sick Systems In Treatment: The Impact on Staff and Clients

John Du Cane interviews Bill White, author of Incest and the Organizational Family

How did you come to develop the ideas that are found in your book "Incest and the Organizational Family"?

The seeds to both ideas were from personal feelings of failure. I had been in the CD field for a number of years and had moved into supervisory positions, where I had a lot of responsibility. I often felt very powerless. Something was happening with the team dynamic. People that I cared deeply about were disintegrating right before my eyes. Not only could I not prevent it or intervene, I couldn't even make sense of what was happening. I had a real sense of futility, frustration and incompetence.

At the same time, I was doing clinical consultation with other agencies dealing with organizational issues. We would go in only to hear sick and cynical comments such as: **"We don't need a consultant, we need thorazine"**. We had many of these cryptic comments that indicated that what I was experiencing wasn't an isolated phenomenon.

The Casualties of Counseling

There are stages that organizations get into where there is an incredible deterioration in team health, that is also reflected in the quality of client services. In 1978, I started to research these casualties. I wanted to understand why some people not only left their agency but just walked away from the field completely, often under very negative circumstances. I was working for the National Institute for Drug Abuses' regional training centers. I was in a lot of states and interviewed a lot of people who not only left their job site under high stress but also walked out of the field. I started to interview casualties and as I interviewed them, I also asked what was going on in the life of the organization at the time they left.

Patterns Began To Emerge

As I got into it and patterns began to emerge, I began to request permission to go and interview other people that had worked with them at those times. I began to put together not only individual histories but also some organizational histories. With a lot of family systems training, it was natural to begin to organize all of this data within a family systems concept. I began to look at it in terms of open and closed systems.

When one of the women who was a casualty used the phrase "It's just like I was back in my family, its like organizational incest", what she was referring to was her own incest experiences being replicated within the organization. As a staff person, she had been involved in a very abusive sexual relationship with the Executive Director of this agency.

Incest is the final stage in the closure of family systems. The same kind of sexual dynamics in organizations represent the last stage of closure in the same way as they do in family systems. That became the beginning of this concept of organizational incest, of progressive closure, of progressive violation of personal and professional boundaries. The latest stages of this result in the violation of sexual boundaries inside the organization. In broad terms, I started out looking into individual casualties and was led into exploring and understanding organizations. I ended up at a very different place from where I had started.

Would you talk a little more about the differences between closed and open systems in relation to the family and the organization?

With family systems, we look at a continuum in family structure based on the ease with which members can have transactions with people outside, the flow of ideas and people across the family boundary. At one extreme, we have total isolation, of us against the outside world, at the other extreme we have a chaotic, disengaged, boundary-less type of family.

In family systems, we know that there is a fairly high casualty process at both ends of the continuum. The health of a family is determined by its flexibility, its ability to move back and forth between openness and closure according to its real needs.

Stuck

Organizations are much the same. There is a time when organizations need closure and in fact sometimes extreme closure. You probably can't start an organization from scratch without closure. You can't respond to crises without closure.

The danger point that is highlighted in my work focuses on what happens when an organization closes up. The organization responds to a crisis by closing but they get stuck there. What I mean by stuck is that week by week, month by month, they continue that isolation from the outside world. By isolation, I mean that they decrease the flow of ideas and people that cross their boundary. It is harder for outside people to make contact inside. It is harder for staff to make contact outside.

In that kind of situation, what I found in my studies was that week by week, month by month there is a very predictable process of closure, in fact, almost developmental stages of closure. In the late stages, it is just horribly disruptive. Not only does the health of individual staff members suffer, but entire organizations literally self-destruct. You can think about Watergate and other public events which we can conceptualize as closed systems in the latest stages breaking out with these acts that would normally be unthinkable. How could somebody do these kinds of things? And yet inside this closed system they appear a whole lot more sane. To sustain health, organizations need to be in the middle range of the continuum.

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The Key is Flexibility

The key word is flexibility, the ability to move back and forth, to move towards closure or openness based on changes in the outside world, based on internal changes or on the changing needs of clients. What happens if over a period of time the characteristics of those clients radically change? In essence, the questions is "Is the organization healthy enough to take the data related to the changing characteristics of clients, and do we have the technology and philosophy to fit that?" Healthy systems can adopt. Closed systems can't. Closed systems will continue to pound round clients into square holes or vice versa.

The High Priest

What have you seen in the leadership of organizations that are heading toward major problems?

The term that I use a lot with closed systems is "high priest". Sometimes it may be based on personality style, sometimes a person gets thrust into that role and can't quite figure out how they got there or how to get out of it, but the high priest role really is an extremely centralized authority figure within the organization. The power and decision-making is centralized. They tend to have a more charismatic style of management.

Again, there are times where that kind of leadership style is extremely appropriate. I am not sure you can start an organization from scratch without some of that style. I don't know if you can come in and respond to crisis or an organization that needs to completely re-organize without some elements of that style. It raises a fascinating question. Are there unique leadership styles that need to be used very selectively to come in and build or re-organize a program and then get out before they screw everything up? Other people may be able to shift their style from year one to year four. But the same skills that can guarantee success in year one may later destroy a closed system. Not that this style is wrong, but it is wrong in the sense that it can be devastating when sustained for long periods of time.

So there isn't any one correct style of leadership?

It's not an issue of a correct style as much as: what is the style needed for each developmental stage in the life of an organization? The kind of styles needed to respond to an organization in crisis are very different from maintenance styles. The key is the ability of the leader to adapt their style to move between closure and openness. Can they tolerate more decentralized decision making? Can they tolerate more delegation and decentralization of power within the organization? Can they make that shift? Healthy organizations can make the shift. With closed systems, you tend to have leaders that find it difficult to do that.

The danger is that there is an extremely high causality rate. Our entire field has been built from the blood of some of these people. I'm talking not only about national people but if you look at local programs, there is probably a high priest associated with the initiation of many of these programs. If we look 15 years later, what we see in many cases is the fall of the high priest in a late stage because we haven't figured out a way to salvage and sustain the health of some of the most powerful and charismatic people in our business.

Is there a lack of care toward the leadership or is it a matter of a power imbalance?

If you compare the 12 step movement with Synanon, you get a radical difference of understandings of the nature of desired leadership. AA, NA and CA in particular represent the 12 step model. What would happen if we personalized their leadership? They understand that given the nature of the beast, in terms of grandiosity and narcissism, to push people to centralized power would absolutely guarantee destruction of the movement because almost every other movement preceding that year did in fact self-destruct when it became a personality cult. Synanon, in contrast to AA, centralized enormous power within the top three personnel.

We need to figure out a way to sustain leadership over time and support the health of our leaders and keep them out of high priest roles, keep them out of those extreme isolated roles in which they are almost immune from feedback. In those high priest roles, they can go crazy because they are so isolated from the field. There is absolutely nothing keeping them grounded, whereas there are built in mechanisms within those 12 step structures which guarantee them to keep grounded in that kind of way - the principle of anonymity for example, and the principle of rotating leadership.

The Warning Signs

If you are a counselor, what are the kinds of warning signs that would tip you off that something is going wrong with your organization?

What you would see if you looked collectively across large numbers of individuals in the organization, are systems closing simply by decreased boundary transactions. That is the principle. You will have increased isolation, decreased access to outside training, loss of learning, tremendous fear in terms of any ideas from outside coming inside and penetrating the organization.

You will have increased homogenization of staff, you will begin to hire or fire people in terms of who talks likes us or walks like us rather than for their competence or skill. Training shifts from issues of knowledge and skill acquisition to indoctrination into whatever that particular philosophical or treatment dogma is. People who challenge the belief system are in high danger so we start scapegoating members out of the organization.

Stagnation, Boredom, Loss of Faith

Probably, the earliest stage is a sense of stagnation and a sense of boredom and a sense of a loss of faith. Probably what that is from, is simply a loss of learning as we decrease the flow of ideas from outside. When nobody is giving you ideas from outside, you reach a point of diminishing returns in terms of what you learn from one another. So there is this sense that we have lost something, a feeling of being trapped, not individually, but collectively. This is not a individual phenomena. It is literally a collective developmental stage in the life of an entire organizational group.

Are there things that people can do when they see things happening to their organization without having to go outside? My impression is that you do have to go outside to receive this help.

A lot of organizations reach an instinctive sense of warning and they instinctively begin to act. They bring in outside consultants or trainers, or they get people out or they do

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retreats and kind of assess where people are at. They can do this with planning, marketing, thinking how they will respond to clients with new characteristics. There are all kinds of formats but the result of all those is that they begin to re-open the system in a very healthy way without even realizing it.

When the system is extremely closed, we need to be aware of the personal risk for the person that steps out and begins to attempt organizationally to open that system back up. We just need to be aware that anything they do in that regard can be dangerous, particularly saying things like "We need to get together as a staff and assess where we are at." The staff member who voices that opinion is doing some very healthy things by trying to get that organization to assess itself and move to its next developmental stage, but they are taking a definite risk.

Networking As a Health Tool

A second level that staff has to operate at is to figure out where they are at personally. What is this closed system doing to them at a personal level? Because they are more restricted in that closed system, there is increased role integrity problems/conflicts between personal values and beliefs. If people are needing to stay in closed systems, the best personal advice I could give based on my research is that no matter where the rest of the organization is at, they have to cultivate an outside personal and professional network outside the organization to sustain them. Without that, as that closure continues, their health will continue to deteriorate.

Burnout and the Organization

One of the terms strongly associated with chemical dependency counselors is burnout. I have usually heard this term in relation to individuals and their clients. Here, it sounds like it is the result of something more.

There are particular issues that each worker brings with them that can either increase or decrease their vulnerability to burnout. By burnout, I am talking about a deterioration of work performance and an equal deterioration of emotional and physical health in that process. Historically, what we have done is we have defined the phenomena of burnout within the personality characteristics of our victims and simply failed to look at the environmental context in which that occurs. We defined it as bad morals, by saying that there is no such thing as burnout, but rather a staff that doesn't want to work and we define it as laziness, we define it as psychopathology.

Or we can define it as job efficiency and we can bring people like me in and have people lay on the floor and teach them to breathe deep and learn great techniques for relaxation. I'm not saying that any of those approaches may not be appropriate in some circumstances. What I'm really saying, what the whole message from most of our research says, is this is an extremely complex phenomenon, it springs from multiple etiologies. For example, what if you teach people all the stress management techniques in the world and they're in a horribly toxic organizational environment? What in essence we are doing is teaching them to sustain themselves longer in a toxic environment, asking them to last three years instead of 18 months before they become a casualty.

Training As a Health Tool

I've been struck by your emphasis on the need for training in order to remain healthy.

I'm an avid supporter of training for two reasons. One is just for all the knowledge and skill acquisition that naturally comes with training. My second reason for training has very little to do with knowledge and skill acquisitions. When individual supervisors send line staff out to workshops, I think the fact that they learn something should be looked on as a perk or as a plus, but not the most important point.

One of the primary reasons for that is for the boundary transaction impact of outside training - that people begin to interact with other professionals, develop a professional identity that transcends the organization of what they are a part. They see that the CD professional is something other than somebody tied to this specific organization, that there's a sense of values and ethics across the field, that transcend any individual agency. That's a benefit of training that far transcends to me simply the issues of giving people specific knowledge and skills. The knowledge and skills, they're going to need to keep coming back for, but the transactions begin to shape a maturity and a professionalism that go way beyond the issue of knowledge and skill adequacy.

Minnesota: Stigma and Status

Can you identify certain underlying assumptions in what you've seen in Minnesota that have stymied health or growth in the profession?

The very success of Minnesota at some levels can be a curse. I love the state of Minnesota, I love it for it's innovation, I've loved it for 20 years, I mean every field in health and human services that I've been involved in, it's like all roads lead to Minnesota, in terms of an incredible history of innovation. The danger of that kind of history is that suddenly models get cast in cement and become unchangeable and you find yourself out selling this Minnesota model or that Minnesota model and in the process of defending it as you move across the country and market it. It may be that the world has changed and the model needs to move and grow, but in the process of selling it, it can't.

One issue that triggers closure is stigma. Alcoholism and addiction is stigmatized. We've often thought about the impact of that stigma in terms of its impact on the client, but I would suggest to any of us who work with highly stigmatized clients that stigma drives us into closed systems.

Ironically, another thing that creates closure is status or an incredibly high level of staff. Now what's interesting, is what happens when you have a situation like Minnesota where you're dealing with what historically was a highly stigmatized client population and you created some incredibly innovative models for that and get so well known for that, you combine both stigma and status at the same time. You have both of those elements coming together to create what can be a very high level of isolation, which is what I mean by the concept of models getting cast in concrete.

In any healthy field or healthy organization, for any point in time, there needs to be a set of values and beliefs and philosophies that for this date make sense out of what we're doing. From the standpoint of the health of the entire system, that belief system has to be open every day to negotiation. The same philosophy and belief system has to be open for constant refinement and evolution. If we get stuck with it at any point, we're probably

in trouble, in a field like ours.

Let me give you a classic example. Let's suppose that we took an entire philosophy and understanding of addiction that emerged over 25 or 30 years, but let's assume that philosophy as it evolved was based on an incredibly homogenized population, and for that population, not only was this philosophy and technology effective, it was unbelievably effective. It was like a revolution compared to 300 years of history. But let's say that philosophy and technology fit people who were white and who were men and who were adult, who were in late stages of alcoholism and let's say that model was so successful that we have replicated it all over the United States.

We've spawned Minnesota models in every 28 day program from here to Florida to California and as long as people look like the people that model was designed for, it's an incredible model. What happens the first time we start bringing kids into that model unchanged? What happens the first time we start bringing large numbers of women into that model? What happens when we bring people who present serious psychiatric illness concurrent with that? Suddenly we've got clients failing in that model.

What we do then to maintain the holiness of the model is to blame clients for their failure in treatment. That's what I'm talking about with frozen models. It's not to say that old philosophies are bad at all. It's just to be extremely clear about the nature of the world and the clientele that the models were designed to fit. As soon as those characteristics change the belief system has got to evolve. That's the difference between open and closed.

Every two years we can say: how are our clients different today than they were two years ago? We're getting younger kids. What's that really mean? Let's think that through. What's it mean that kids are using between 9 and 12 at onset, compared to 17? But what's that mean in terms of what we do? Healthy systems can think those things through and day by day they adapt their systems. Closed systems are basically back selling the product and the product remains unchanged.

Have you seen some examples of that in your work in Minnesota?

"Values and morals work really well when all of your needs are taken care of. But, what do you do when those needs aren't getting met?"

Yes, but I wouldn't want to pick out Minnesota particularly. The ecosystem, not only in Minnesota, but around the country, is changing so rapidly.There are radical changes in drug consumption patterns and the characteristics of users, and in issues of violence and HIV infection. The ecosystem is so turbulent that we're all in culture shock trying to catch up with the kinds of things that are confronting us. Has there been that kind of closure in Minnesota? One indication of that is simply been the responsiveness to the research that I've done. I've come in and worked with a lot of programs in the state of Minnesota around how not to be closed in this way.

Are people handling these changes?

What I am particularly excited about in the state of Minnesota is the state's openness to look at these issues. There is a hunger for models to help identify these problems. The first three or four years after my early papers were done, the majority of work I did in Minnesota was with organizations in a horribly late stage of closure. Some had literally been bordering on organizational death. There were severe casualties among the high priests, horrendous issues of abuse and neglect of clients.

The difference today is not that I don't still occasionally do some late stage work in Minnesota with those organizations, but I get a lot of requests from Minnesota to look at organizations that are basically healthy organizations, in very early stages of closure, and part of their health is they recognize that fact early and even recognize that they may need some freshness from outside to come in and help facilitate the entire process of moving back towards openness.

From that standpoint, there's some tremendous health in terms of the openness in that system to look at problems. When I first began talking some these concepts, it was real scary for people to want to hear some of those ideas and also to apply some of those ideas to their own organizations and to their own roles. I have been in high priest roles in organizations, believe me, I empathize with what it's like to kind of stumble into a workshop and hear somebody describe in intimate details this role you've been in and have not fully articulated, that's some pretty scary stuff to look at.

I think the difference in Minnesota compared to some other places, is some states can get so terrified they don't want to confront any of those issues. I go into places for example who will invite me in and what they want to do is to control what parts of the book that I talk about. That's not unusual at all!

Abuse and Neglect of Clients

Can you enlarge a little bit on the abuse and neglect of clients that follows from the system closing?

In the late stages of closure, two things are happening. One, the intensity and frequency of stressors on staff escalates dramatically. You've got an organization almost always horribly overextended that hasn't even begun what it can and can't do with x-number of people. You've got these overloaded, depleted staff with incredible levels of demands in terms of quantity and quality of work demanded on them at one level.

The supports in the system have deteriorated radically over the months or years so you've got this combination of extremely high stressors, you've got extremely low supports and you've got a system that's lost all clarity internally around appropriate and inappropriate boundary issues both in terms of staff-staff and staff-client relationships. You've got all these incredibly needy staff, you've almost lost any appropriate sense of professional and personal boundaries to guide relationship-building. In this situation, we almost always find an incredibly high incidence of client neglect. Part of this is that the organization internally is getting so crazy there simply isn't enough staff time and emotional energy to respond to the needs of the clients. At a minimum, we have client neglect.

Unmet Needs

More frequently, we'll go beyond neglect and begin to see conditions of abuse where staff begin to violate boundaries with clients, to meet their own high level of unmet needs. If you look an incest in family systems, not as an event but a process, the sexual violation here is simply one of numerous steps in a general violation of boundaries. It is simply the end of the continuum. It is the ultimate violation, but in fact there have been many

violations before that.

If we look at sexual exploitation of clients, or financial exploitation, or friendships with clients, what we see in closed systems from year one to year five, is a progressive deterioration in and violation of those boundaries. If you've been in a closed system in the last few years, you've basically sacrificed or had a casualty in whatever marital or intimate relationship you've had outside and we've cut off your social relationships outside this organization. For all practical purposes, you have almost no life outside this organization. Where else are your sexual needs going to get met if not inside the organization? You have no other world.

That's where you begin to get not one but multiple episodes of sexual exploitation or other abuse of clients in this stage. We often go in because there are allegations that the Executive Director has been involved with sexual exploitation of clients. When we begin to interview clients, staff and board members, what we find is not one but multiple episodes of sexual exploitation.

One incident is likely to be just the tip of the iceberg.

In closed systems, any single incident of sexual exploitation of clients should always trigger the suspicion that there may be multiple perpetrators involved inside the system. You often see sexual exploitation in predatory terms and I don't want to discount that. There are certainly sexual predators out there, but you may have people in closed systems that in other circumstances would not have been involved in sexual exploitation of clients. Some of the people that we've interviewed in our studies literally found it inconceivable that they could ever be involved in a sexual relationship with a client.

Values and morals work really well when all your needs are taken care of. Maybe it's not even particularly a virtue that one is ethical and moral when all your needs are taken care of. But, what do you do when those needs aren't getting met? Now let's see what happens to ethics and morals and professional boundaries. It is not under normal conditions, but under these sort of bizarre organizational conditions, that these problems happen.

The organization is involved with finding ways to help prevent those sort of situations from arising, and in having have some kind of system of accountability for people when that situation has developed. As you know, we're involved in looking at the possibility of licensing counselors to help that process. Have you seen ways in which a credentialing process or major licensing process has helped deal with these problems that surface in closed systems?

There are things that can be done both in terms of certification and licensing systems for individual workers or programs. One of the things that has helped break down some of that closure in a lot of states is the high level of training demands that come out of licensing. Historically, closed systems begin to shut down external contact through training. It is always in the name of money. We're so smart, that we don't need those people out there. We can do our own training. Licensing and credentialing insists that there has to be legitimate training outside the agency.

Those training needs cannot be met through inservice training which tends to be more like indoctrination sessions. You are in fact sure that there really is skill building, and maybe even more importantly, relationship building, with other people in the field so that somebody has a professional idea that is not tied to a program. There are values and ethics that transcend the job site. Some states have begun to actually integrate some training related to open and closed systems into their counselor training programs. Training related to ethics, boundary issues and therapy, all of those are things that quickly send up warning flags to people once they have been trained. The most vulnerable people in the world are people who stumble into these systems and these processes who don't understand what is happening.

Part of what I have done with my research is that once people have experienced really looking at middle and late stages of closed systems, they will never experience it the same way again without consciousness and an awareness of what is going on. People really should be trained in this business before they go to work. People often come in with no training. Minnesota was one of the first states to develop this idea that people really have to be trained before we walk them in. This is a radical concept.

Minnesota: A Model for Professional Training

Have you seen this making a difference?

Absolutely. In fact, in a lot of ways, Minnesota has been the model for this professional training. I think that this has helped other states speed up with what was, in fact, constituting a horrible abuse of recovering people. The Minnesota experience really began to show this. They said "Hey, we really need to talk about the inappropriate abuse of recovering people in this field and see what kind of preparation and support they need."

Do you think that our field of chemical dependency is more vulnerable than most to this kind of health problem?

The chemical dependency field is more vulnerable to problems related to closed systems for a couple of reasons: One is the issue of stigma. In spite of all of the changes that have gone on, the destigmatization in this culture, there still is substantial stigma. There is this clustering phenomena. We tend to socialize with this stigma still. There are people with alcoholics in their family who want free counseling. All of these things tend to drive us into closed systems.

The second is that I firmly believe that many of us are forever replicating family experiences. Many of us come from closed families, dysfunctional families, alcohol and drug dependent families and all of the co-dependency issues that spill out of that. It is possible that many of us seek out organizations which replicate the emotional flavor of those families. ■

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