

Motivating Organizational Change

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Overview

- **Bridging the practice and research gap.**
 - **Dissemination of the state-of-the-art practice through the CTN mechanism.**
- **Parallel domain above information level**
 - **Barriers to systems change within the system itself:**
 - **reinforced beliefs**
 - **daily routines**
 - **power structures and relationships**
 - **payor methods and financing policies**

Intention

- **provoke and inform participants**
- **You are part of what keeps systems from changing**
- **With re-discovery of core values, you will have more power and intention to foster change than previously experienced.**

Intention to Practice

- **Examine similarities and differences between systems and individuals**
- **Explore meta-level characteristics that inform change**
- **Develop a change model**

Meta-lessons from Psychotherapy

- **Crisis - greater fluidity in defensive operations and expectation set, adaptation for change**
 - Stress- relapse versus transformation
 - Major issue in crisis/disaster recovery is “empowerment”
- **Ego Dystonia - strong motivation to change**
 - whether “developing discrepancy” or making a behavior or trait “ego-dystonic”
 - how to give it form and meaning in predictable way
- **Incentives - e.g. Community Reinforcement**
 - What’s retained after cessation of primary reward?
 - Need develop secondary rewards as in psychotherapy

Meta-lessons: Psychotherapy

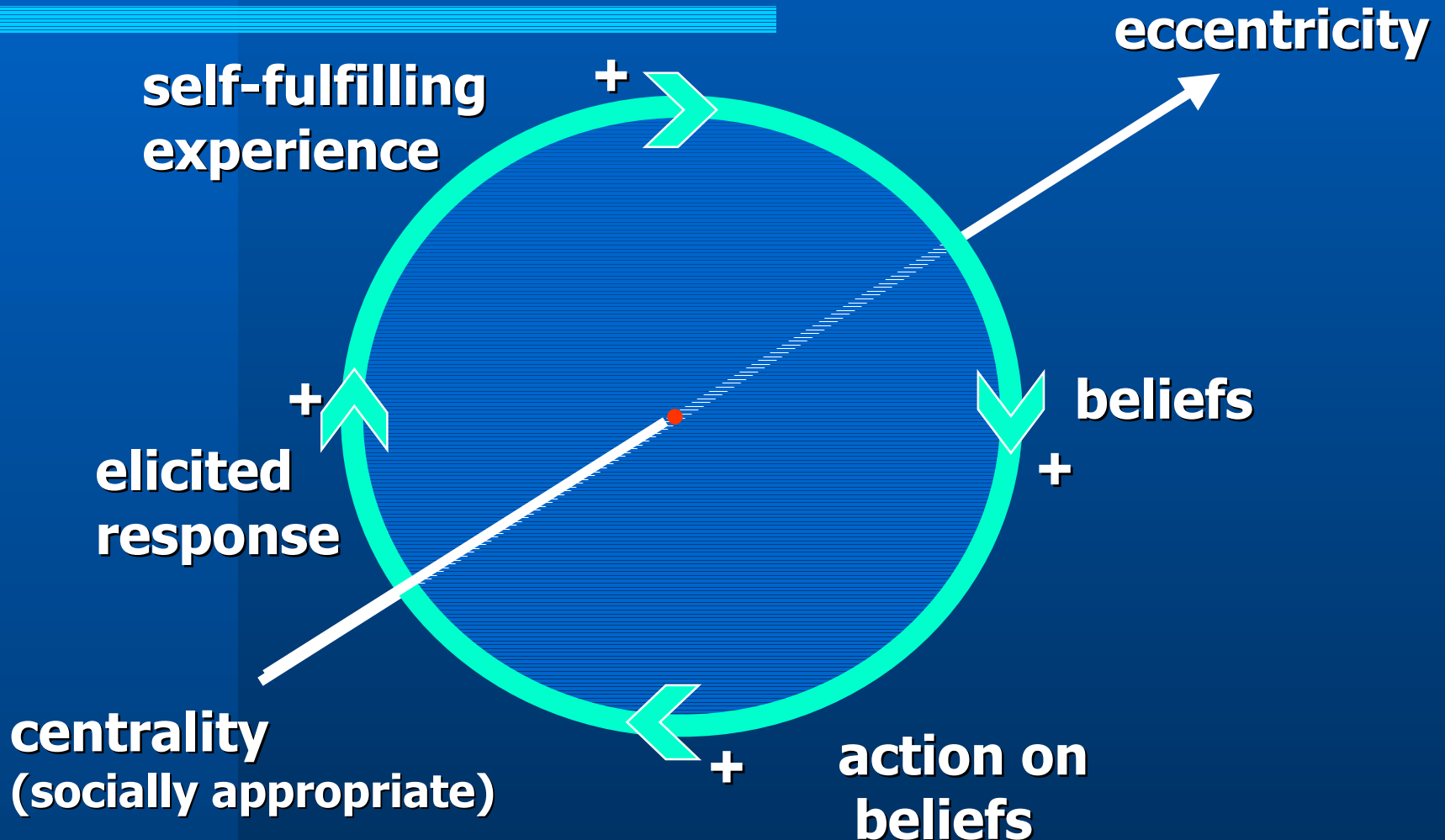
- **Empowerment: what are the contents of empowering interaction?**
 - Mirroring a “can do” attitude: Empathic-Mastery response to recipient’s experience of powerlessness
 - Collaborating, not patronizing
 - Recipient’s experience of increased self-efficacy: new psychic or behavioral territory- protocols
 - Skills-based education: Outcomes, feedback
 - Resonance with “higher” values, higher power, e.g., patriotic “being choked up”
 - Technology support - high potency feedback

Meta-lessons: Psychotherapy

- **Alter beliefs**

- Beliefs are reinforced by experience and construal style, organizational structures.
- Necessary to examine maladaptive beliefs - demoralization depends upon it: waiting for change to overtake and crush you, because of belief there is no power, no choice.
- Changes in beliefs allow for novel cognition, more adaptive behaviors. e.g., transitioning attitude about treatment as collaborative/ rehabilitative rather than custodial/parental

Beliefs Drive Feed-forward Model



“One Sees What One Knows”

- Goethe

- Sapir-Whorf Hypothesis (Whorf, 1956): one's language impacts one's experience of reality.

(e.g., names for snow)



- Role of obsessional defenses - we reduce reality so we can go “I know”, but this limits our experience
- Speaking of Proverbs-

**A bird
in the
the hand**

X

**Two
in the
the bush**

X

A bird
in the
the hand

X

Two
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X

**A bird
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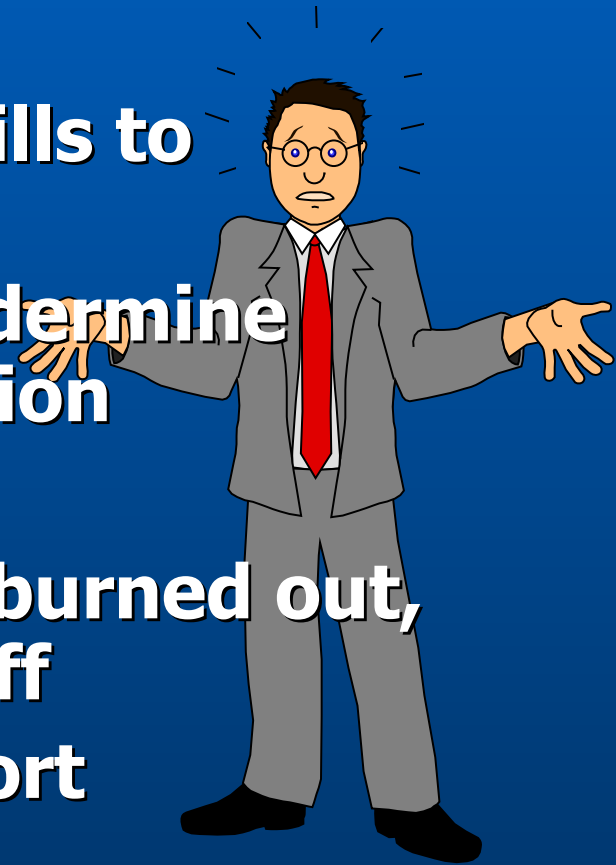
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**Two
in the
the bush**

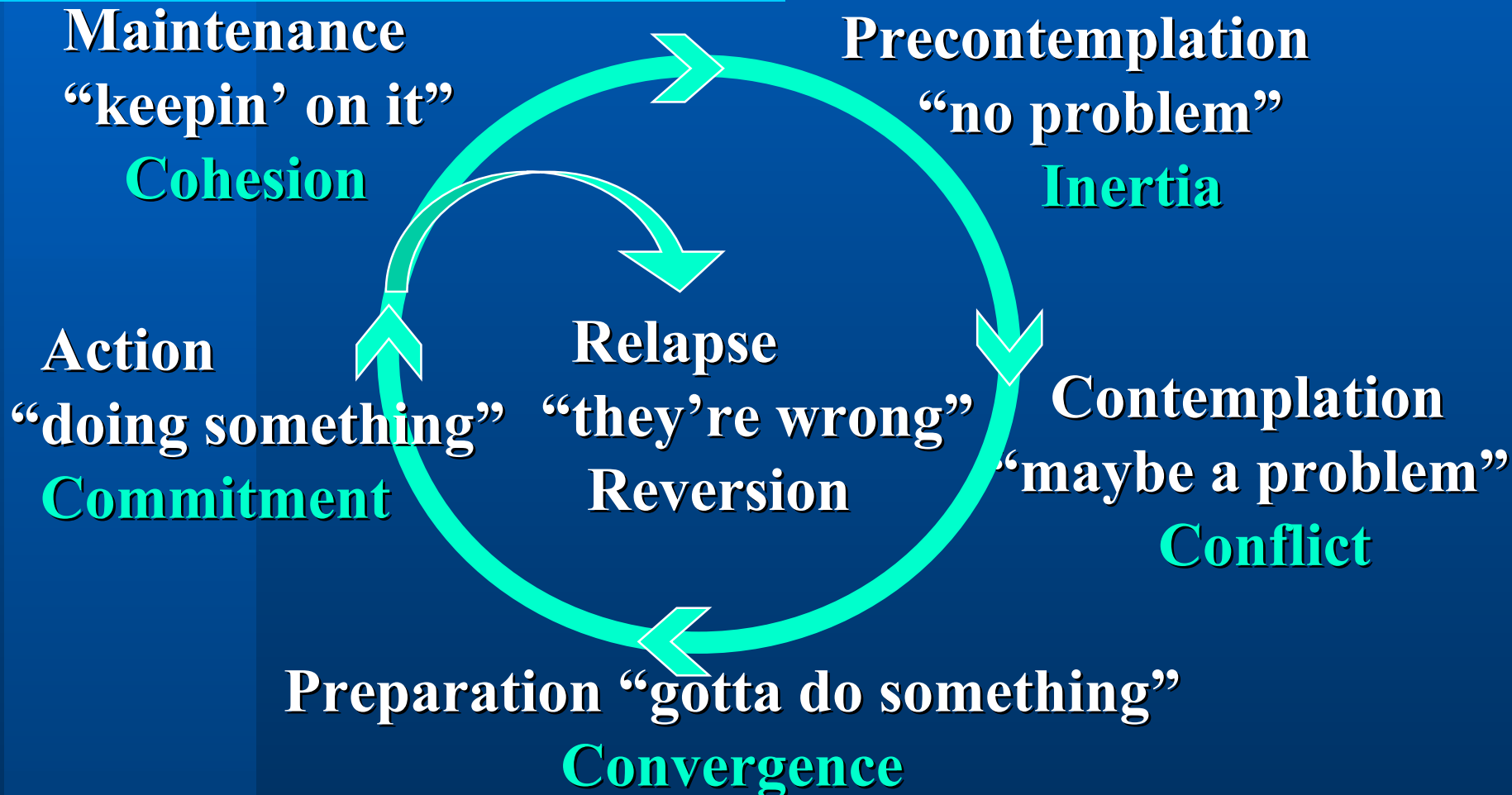
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Barriers to Dissemination:

- **Staff lack knowledge and skills to assimilate new practices**
- **Organizational dynamics undermine implementation and innovation**
 - **poor leadership**
 - **change-averse culture w/ burned out, demoralized, resistant staff**
 - **insufficient collegial support (informal power)**
 - **bureaucratic restraints**



Transtheoretical Change Model for Treatment Delivery Systems



(Adapted from Prochaska & DiClemente, 1984)

What Powers Inertia?

- **Systems and individuals**
 - **Homeostasis** - trying to keep things the same puts a static, frozen face on a dynamic system
 - **Communication structures** - (language concretizes & reinforces beliefs) “Mokus”
 - **Power structures**
 - **Formal** - decisional capacity, hierarchy, job description, reporting relationships
 - **Informal** - colleagues, alliances (cooperation)
 - **Access to information**
 - **Money** - funding methodology, access

What Powers Inertia?

- Individuals
 - Ingrained routines - creatures of habit
 - Beliefs - foster rigidity of care model, new information may be challenging
 - Fear - obsessional mechanisms reduces anxiety but reduces opportunity
 - Turf - “Don’t tread on me” “this is what we do!”
 - Ignorance - lack of appropriate training/information/skills



What Powers Inertia?

- Individuals

- Burn-out*/Demoralization “On autopilot”

- Job stress causes reduced personal accomplishment or feelings of competence
- Emotionally overextended, physically drained
- Depersonalized, impersonal response style*

- Risk Aversion

- Opportunity --> Being responsible --> Anxiety
- Being Held responsible --> Job security (CYA)

- Leadership Style - exception Vs. hands-on, which reinforces informal power



(*Maslach et al., 1997)

Precontemplation: Inertia

- Change as threat - people are afraid and react accordingly*
- Individuals angrily hold on to and defend the old ways*.



This is what you hear:

- “we know what we are doing!”
- “This patient hasn’t hit his bottom.”
- “those programs are lightweights...our patients are really sick.”

Positive Change Forces



- Explore Common Values (Why are you in this line of work?)
- Explore beliefs: “Sacred cow makes the best hamburger”
- Repair of Demoralization “waking up”
- Product Champions/leadership *in situ*
 - Identify Influence leaders
- Empowerment - “You can learn to do this and we will support you”
 - Taking the wheel.

Contemplation: Conflict

- Explore Core Values and Goals
- Weigh pros and cons, value in change.
- Seek, test ways to feel more comfortable about accepting change.

You will hear:

- “Maybe it could be done better, if only...”
- “If we had more money, we could...”
- “They say their results are great, but I’m not sure I believe it”

Leadership - Critical factor

- Innovators need organizational commitment and administrative support.
- Leaders fail to understand that staff don't perceive change with the same clarity and determination as they do.
- If leadership cannot explain how the change will affect an employee, then the employee will not help others change.

Leadership

- Leaders don't just lead, they “do” & are naturally followed.* A leader is
 - based on producing results, not popularity (this is power)
 - highly visible: therefore are examples
 - not rank, privileges, title or money.
 - Leadership is responsibility
- Like with MET, if staff resists change, it's something you're not doing.

Leadership - Consistent Behavior

- “What needs to be done?” not “What do I want?”
- “What can and should I do to make a difference?”
- Referencing the organization’s mission and goals to judge results
- Diversity tolerant, not looking for a clone
- Not afraid of strength in associates

Examining Core Values

- **Support basic work needs**
- **Maslow's Needs Hierarchy, adapted for organizational change:**
 - **If more basic level is not satisfied, a higher level will not be of importance to staff.**
 - **Or, If bullets are whizzing by your head, you're not thinking about what to have for lunch**

Necessary Leadership Skills:

- **Transformational skills inspire, and promote**
 - meta-level view in team members
 - intellectual stimulation
 - development of innovative problem-solving
- **Transactional skills**
 - goal setting, feedback,
 - self monitoring
 - reinforcement strategies



Transformational Leadership

- **Courage: may be single greatest attribute of transformational leadership*.**
 - Remove barriers
 - Allow people to take risks
 - Prioritize organizational values
 - Establish new relationships - informal power
- **Having courage doesn't mean you're not afraid**

Typical Decisional Process :

- Guided more by power structures, ingrained routines, established resource configurations than by current scientific findings.
- Research studies generally protected from contingencies that affect the rest of the system- because: time-limited + money + high prestige.
- Not systematized as programs often have changes in leadership, resources and mission.

Transforming Decisional Process

- **Advocacy is Traditional (e.g., court):**
 - selective presentation of data
 - arguing for preferred solution
- **Inquiry is Novel (e.g., science):**
 - constructive versus personal conflict
 - all viewpoints given serious consideration - supports creativity
 - timely closure of deliberations
 - creates buy-in



Preparation: Convergence

- **Alignment of organization and clinician core values made explicit -shared vision**
- **Transformational leadership melts CYA**
- **Barriers to implementation identified**

You'll hear:

- **"How will this affect me and my job?"**
- **"How are we gonna get paid for this?"**
- **"How will I be evaluated?"***
- **"Maybe we should do this anyway"**

Leader's Preparation Strategies :

- 1) Promote access to user-friendly information about specific interventions
- 2) Give adequate training and support - attitudinal change about new practices
- 3) Address organizational dynamics
- 4) Build commitment through inquiry and choice
- 5) Respond to any questions and concerns

Action: Commitment

- Ready to adapt & embrace new routines
- Re-confirm core values and objectives
- Engaging in training or new skill sets to support objectives

You should hear:

- “we’re actually doin’ this, right?!”
- “this is the way to go, but it’s scary”
- “this isn’t so bad” “hey, this is fun!”
- “What’s the overall impact of this?”

Leader's Action Strategies :

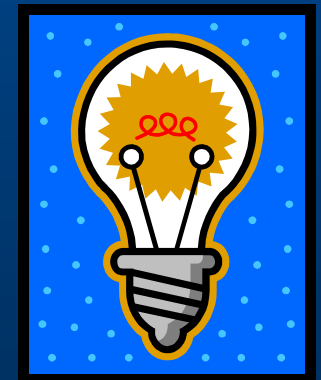
- 1) Confirm and get input on implementation plans and establish a follow-through process.
- 2) Finish strong- bad stuff out of the way first
- 3) Segment the pleasure - combine the pain
- 4) Give staff new rituals and stick to them
- 5) Encourage providers to make a creative contribution

Chase & Dasu, Harv Bus Rev 79:78-84, 2001.

Mazanec et al., Bratisl Lek Listy 102:209-17, 2001.

What Providers Do: Action-level

- Face difficulties of change, take proactive approach.
- Create a vision of the desired future.
- Gather pertinent information and assertively pursue the objective.



Maintenance: Cohesion

- Team Cohesion about values & mission
- Empowerment is contagious: subculture

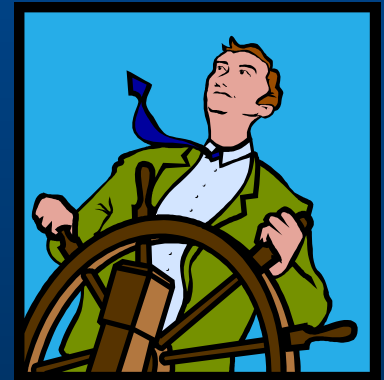
You should hear:

- “What else needs to be done?”
- “what else do we need to know”
- “How can we make it better?”
- “How can I help others learn and change?”



Providers at Maintenance-level

- **Share qualities with leadership**
- **Manage the stress of change well by cultivating a belief in their own ability to deal competently with the situation.**
- **Believe in being the cause and influences of events, rather than the victim.**



Research to Practice Strategies:

- **Form leadership coalitions that favor implementation and provide support**
- **Link initiatives to legitimized organizational goals and values (foster cohesion)**
- **Monitor fidelity to model and program performance quantitatively - (provide feedback)**
- **Develop self-sustaining subcultures that evolve program procedures and values - frequent interaction is key (Novel decisional process, empowerment)**

Organizational Dynamics -

- **Markers that are Meta to listening to individual's utterances**
- **Measures that allow us to reliably assess an organization's Motivational Stage**
- **More studies that assess outcome after dissemination strategies**
- **NIDA, NIMH, & NIAAA to transcend content pool resources and fund research in organizational change**

References

- **Corrigan PW, Steiner L, McCracken SG, Balseer B, Barr M. Strategies for disseminating evidence-based practices to staff who treat people with serious mental illness. *Psychiatric Services* 52:1598-1606, 2001.**
- **Rosenheck RA. Organizational process: A missing link between research and practice. *Psychiatric Services* 52:1607-1612, 2001.**