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Experiential authority in a social model organization

BY SHEA CRAWFORD

Social model programs for recovering substance abusers are formal nonprofit agencies characterized by an Alcoholics Anonymous-based philosophy with experiential knowledge as the basis of authority. However, social model programs are also required to have certain rational-legal characteristics in order to obtain and maintain tax-exempt 501(c)(3) status. This paper explores how one social model agency operating under these dual sources of authority (experiential and rational-legal) has managed to avert bureaucratization and maintain its distinctive management style. The agency has adopted a shifting management structure and a bottom-up decision-making process to diminish the rational-legal authority of employees. Hiring and training criteria emphasize recovery experience over professional degrees and certification, thus supporting experiential authority of employees. These techniques are threatened by funding requirements that emphasize professional training and certification, and the agency's hiring and termination policies are also in conflict with 501(c)(3) legal requirements. However, the organization's capacity for self-organization may enable it to preserve the legitimacy of experiential authority and to continue to restrict bureaucratization.

Social model programs for recovering substance abusers are formal, nonprofit human service agencies characterized by an Alcoholics Anonymous-style of philosophy in which experiential knowledge is the basis of authority. These programs

offer an alternative to the medical/clinical model of treatment for substance abuse problems, in that the approach to recovery is based on the sharing of one's own experiences of recovery from drug or alcohol addiction rather than on professional knowledge and treatment of substance abuse. In a clean and sober living environment, recovering alcoholics and addicts seek to heal themselves by taking personal responsibility for their own recovery and by sharing their experiences with others in recovery.

As paid-staff nonprofits (Horton Smith, 1997), social model programs must adhere to the impersonal, rational-legal requirements characteristic of legally incorporated 501(c)(3) organizations—i.e., a hierarchical structure controlled by a governing board. Yet the social model philosophy, grounded in experiential knowledge and learning, would maintain that the legitimacy of those in authority at the program is derived from the personal experiences of recovering individuals.

Little is known about the relationship between the social model program's experiential authority, derived from its AA-based philosophy, and the rational-legal authority resulting from its incorporation as a nonprofit organization. Is one source of authority more legitimate than the other? Is it possible for rational-legal authority and experiential authority to play an equal role in decision-making? Through analysis of a 501(c)(3) nonprofit social model organization, this paper explores how rational-legal authority affects the functioning of an organization whose philosophy is based on experiential authority.

Hope Center (not its real name) is the parent organization of 16 facilities (including the two programs, Mustang River and Twelve Willows, described elsewhere in this special issue) operating in several northern California counties. Founded in 1969 as a California nonprofit organization, Hope Center is an administrative base that through its subsidiary facilities

offers programs and services, based on the social model philosophy and approach to alcoholism and other drug problems.

The analysis of Hope Center answers the following question: How does the organization's social model philosophy conflict with the rational-legal authority derived from its status as a paid-staff nonprofit? More specifically, the analysis determines: (a) whether the executive and associate directors of Hope Center rely more on rational-legal authority or on experiential authority in their interactions with the subsidiary programs, such as Mustang River and Twelve Willows; (b) which source of authority is drawn upon during interactions with the board of trustees; (c) how rational-legal authority and experiential authority affect the decision-making process at the organization; (d) how the social model philosophy, based on experiential authority, is influenced by legal and funding requirements; and (e) how the organization attempts to protect its social model philosophy.

Experiential authority

According to Weber (1964), organizations can be classified by which type of authority serves as the basis for legitimacy: charismatic, traditional, or rational-legal. Borkman has added experiential knowledge as another source of authority in organizations (Schubert & Borkman, 1991). Experiential knowledge is

wisdom and know-how gained from personal participation in a phenomenon. . . . [These] tend to be concrete, specific, and commonsensical, since they are based on the individual's actual experience, which is unique, limited, and more or less representative of the experience of others who have shared the same problem. (Borkman, 1976, p. 4)

Experiential authority can be further categorized by determining whether experiential knowledge is (1) the sole source of authority; (2) the major source of authority, with another

source acting as secondary; or (3) one of two sources of authority equally involved in decision-making (Schubert & Borkman, 1991). The self-help group Alcoholics Anonymous is one example of an organization in which experiential knowledge is the source of authority. The approach to recovery from alcoholism is based on the sharing of personal experience, and decision-making occurs in a democratic, bottom-up process.

In their case study of Alcoholics Anonymous, Zohar and Borkman (1997) examine the manner in which AA has been able to create central organizing bodies and procedures “while not becoming victimized by the negative effects of centralized authority and control.” Whereas more traditional organizations seek to eliminate redundancies of function for the purposes of increased efficiency, hierarchical division of control, and chain of command, the central organizing bodies of self-help groups like AA seek to maximize autonomy at the lower levels of organization by ensuring that each of the parts of the organization is capable of performing the many functions of the whole (Zohar & Borkman, 1997). Indeed, among their ideas presented for future research, Zohar and Borkman ask, “How does a legally incorporated non-profit organization that requires a central board, staff, and hierarchy fare in practice with groups that have a democratic self-help ethos and attempt to be collectivistic—that is, how can a democratic collectivistic culture operate in a hierarchical structure?”

Borkman (1983) writes: “Social model programs combine some features of formal service organizations with the experiential knowledge, philosophy, and approaches of the voluntary mutual self-help group of AA. . . . The legitimate knowledge and authority base of the organizations is experiential, not professional or rational–legal” (pp. 1–9). However, Borkman (1983) also recognizes that the informal and unregulated volunteer roles formed in self-help groups are not so easily transferred into formal program settings.

In the social model agency, the provider does have some authority based on his formal job position. . . . The possibility [*sic*] of the guide becoming a director is always present, and it is often a fine line between guidance and directing behavior. (pp. 7–8)

In viewing organizations, such as bureaucracies, as machines, one can observe the manner in which different elements of bureaucracy and rational–legal authority are employed as a means of creating and maintaining order among their members (Morgan, 1986). Key components of mechanistic organization include unity of command, chain of command, and division of work (p. 26). The organizational chart of a mechanistic organization would depict a “pattern of precisely defined jobs organized in a hierarchical manner through precisely defined lines of command or communication” (p. 27). In mechanistic organizations, the impersonal order, characterized by laws, rules, procedures, and predetermined goals, is dominant. Flexibility, adaptability, and innovation are incompatible with this type of organization (p. 35).

Ultimately, any organization qualifying as a 501(c)(3) public benefit nonprofit corporation (as does the organization studied in this report) must have a central governing board with a hierarchical structure, clearly defined operating rules and procedures, written documentation of all acts and decisions, and special knowledge of the technical rules. All of these characteristics are central to rational–legal authority and mechanistic organization. The fact that social model programs have been incorporated as formal nonprofit human service organizations and are bound by the funding requirements of external agencies, such as the county and state governments, implies that social model programs are to some extent legitimated by rational–legal authority. The degree to which this is so in actuality remains to be seen.

According to Morgan (1986), organizational theories can be viewed as metaphors. Analyzing organizations through metaphor involves understanding one element of experience in terms of another (p. 13). Some metaphors provide better

descriptions of an organization than others, but each reveals new insights. For example, the rational–legal characteristics of a nonprofit organization described above are highlighted when viewing an organization as a machine. However, a different set of organizing principles or characteristics emerges when viewing the same organization as a brain, as this study demonstrates.

Holographic organization

The theory of holographic organization rests in the idea that, like brains, organizations are capable of self-organization and learning to learn (Morgan, 1986). By viewing Hope Center as a brain, it is possible to understand how the organization accentuates or diminishes its rational–legal authority. If Hope Center is capable of self-organization, the need for control of organizational behavior and action is most likely met by the existence of a strong corporate culture—i.e., the social model philosophy based on recovery knowledge and concepts of Alcoholics Anonymous. The values and beliefs espoused by the corporate culture of an organization can guide the behavior of employees and eliminate the need for predetermined roles, strictly enforced rules, and concrete objectives (1986). This is the holographic principle of learning to learn.

Brain-like organizations also operate under the principle of redundant functions, meaning that the functions of the whole organization are built into each of its parts. Since requiring every member of an organization to be proficient in every other member's function is not always practical, holographic organizations employ the principle of requisite variety by incorporating redundancy only where it is directly needed. The principle of minimum critical specifications "reverses the bureaucratic principle that organizational arrangements need to be defined as clearly and as precisely as possible" and suggests that "one should specify no more than is absolutely

necessary for a particular activity to occur” (Morgan, 1986, p. 101).

Like the brain, a holographic organization has the capacity to organize and reorganize itself to deal with the contingencies it faces. Analysis of these holographic organizing principles at Hope Center reveals how two theoretically incompatible sources of authority manage to coexist within a self-help agency.

Methodology

The findings of this report are based on a case study in which the unit of analysis is a nonprofit social model organization. As previously described, Hope Center is the parent organization of 16 facilities offering programs and services based on the social model philosophy and approach to alcoholism and other drug problems. Hope Center is the administrative office of its subsidiary programs. Its personnel include the executive director, the chief accountant, the personnel administrator, and three support staff. In addition to the parent organization’s on-site administrative personnel, there is an associate director of Hope Center’s detoxification facilities and an associate director of training for Hope Center (who is also the program coordinator at Twelve Willows). The associate director of Hope Center’s detoxification facilities, formerly the executive director of a separate social model corporation, came into this position when the two corporations merged into one under Hope Center’s management in January 1997. There are currently 11 members on Hope Center’s board of trustees.

Because there are no existing studies of the relationship between rational-legal authority and experiential authority in social model organizations, questionnaires were developed solely for the purpose of understanding the relationship between different levels of management at the organization.

Four questionnaires were designed for interviewing employees at the four levels of management within the organization: (1) the governing board; (2) the parent organization managers (Hope Center's executive and associate directors); (3) the managers (program coordinators) of the subsidiary programs; and (4) the staff at these programs.

The study underwent the Human Subjects Review process at George Mason University. Each of the participants in this study had at least one of the following characteristics: (1) a management position at Hope Center, Mustang River, or Twelve Willows; (2) a position on the board of trustees; (3) a staff position at Mustang River or Twelve Willows; (4) a minimum of two years' employment in the current position; and/or (5) two or more years of sobriety.

At the subsidiary program for women (Twelve Willows), the program coordinator and the lead staff member (both female) were interviewed. At the subsidiary program for men (Mustang River), the program coordinator (female) and three male staff members were interviewed (because the men's program is approximately two-and-a-half times larger than the women's program). Participating staff members were selected by the coordinator at each program, with the requirement that each staff member had a minimum of two years of sobriety and had held the current position for no less than two years.

The program coordinator at the women's program is also the associate director of training for Hope Center's residential facilities. As a result, this participant was interviewed at both the program level and the parent organization level. The executive director of Hope Center and the associate director of Hope Center's detoxification facilities (both female) were also interviewed at the level of the parent organization. At the governing level, the president and the secretary of the parent organization's board of trustees (both male) were interviewed. Both the executive director and the secretary of the board are

recovering co-alcoholics. All other participants are recovering alcoholics.

Between June and July of 1997, all participants were interviewed over the telephone, with the duration of the interviews ranging from 30 minutes to three hours. Thomasina Borkman, a co-investigator in the Alcohol Research Group's study (Kaskutas et al., 1996) and an expert on theories of experiential authority and learning in self-help groups, conducted the interviews with the executive director and the president of the board of trustees over the telephone, using the questionnaires developed by this author. The remaining eight interviews were conducted by the author. The program coordinator at the women's program was interviewed twice by Thomasina Borkman, first as a program coordinator and then as the associate director of training for Hope Center.

Data gathered specifically for this author's study include 11 transcripts from focused interviews with 10 employees at four levels of organization at Hope Center. Any names or locations revealed during the interviews were changed. Various documents produced by Hope Center were also used in this study, including the personnel manual, the bylaws, the articles of incorporation, and a history and overview of Hope Center.

Findings

Rather than employing a top-down management structure for decision-making, Hope Center has adopted a shifting management structure in which the type of decision to be made determines who will participate in the decision-making process. A bottom-up approach is used in solving problems. Program coordinators are actively involved in the management of the organization, especially when decisions are being made that will directly affect their programs. The bylaws state that the management council is collectively responsible for the

daily management and implementation of Hope Center's philosophy, programs, and procedures. The monthly management council meetings are attended by the executive director and all of the program coordinators from Hope Center's 16 subsidiaries.

In order to further increase the coordinators' participation in management, Hope Center's management structure shifts again to accommodate its subsidiary programs with common interests. For example, one such subsidiary management structure includes the meetings of all of Hope Center's residential program coordinators. These meetings are attended by the executive director, the associate director of Hope Center's detoxification facilities (who is also the program coordinator of one of Hope Center's detoxification facilities), and the program coordinators who operate Hope Center's residential facilities.

By making the program coordinators an active part of the management structure at Hope Center, many of the communication problems found in bureaucratic organizations with rigid chains of command are avoided. Passivity and neglect are discouraged, because information-processing and decision-making are not restricted to a selected group of people at the top of the organization. The unobstructed flow of information at Hope Center is illustrated by the cooperative relationship between its administrative personnel and its subsidiary program staff.

We're never regarded as inferiors. We're treated with dignity and respect, and our opinion is accepted as if we had some authority, and I feel we do. . . . I never felt like I was pushed aside when I had a question or a request. I felt I was treated just as if I were the executive director. (Interview with Twelve Willows Lead Staff 7/25/97)

Hope Center's shifting management structure encourages the exploration of different viewpoints in order to solve complex problems, and it illustrates the organization's capacity to self-

organize. If a problem cannot be solved at the subsidiary management meeting, the matter is introduced at the management council meeting, where the executive director and all of the other program coordinators are accessible. If the problem is not resolved at the management council meeting, the executive director brings the issue to the board. The fluidity of Hope Center's management structure enables the organization to deal with problems as they arise in order to prevent them from becoming bigger problems.

The management council links the managerial functions of its subsidiary program coordinators with the managerial functions of its executive director and associate directors, creating a pattern of overlapping skills and knowledge bases. The level of redundancy between the managerial functions of the executive director and associate directors and the managerial functions of the program coordinators is further increased by the dual positions of Hope Center's associate directors. The associate director of Hope Center's detoxification facilities is the coordinator of General Detox (name has been changed). The associate director of training at Hope Center is the coordinator at Twelve Willows and the temporary coordinator of the working men's program; until recently, she was the temporary coordinator of the downtown portion of Mustang River.

At any one time, the program coordinators/associate directors may or may not be performing their functions as associate directors, thus making that function redundant because it is not being used. When acting in their capacity as associate director, their function as program coordinator is redundant because it is not being used. This redundancy blurs the boundaries between Hope Center (as a parent organization) and its subsidiary units. For example, when the associate directors are acting in their capacity as program coordinators, they are peers of the other coordinators rather than hierarchical superiors:

I prefer to don the expertise of the other program coordinators. It's refreshing to be able to run things by other people who may have had the same experience, so that they can tell me what worked for them. (Interview with associate director of detoxification facilities 7/15/97)

When they are conducting business outside of Hope Center, they assume their rational-legal authority:

If I go to an advisory board for the X County Board of Supervisors meeting and then I represent Hope Center, I introduce myself as associate director. . . . When I introduce myself outside, I don't use my title unless I need to get more attention. . . . In emergencies, I could be the person sent to a facility to represent Hope Center when the state shows up. (Interview with associate director of training 7/28/97)

The organization's rational-legal hierarchical structure surfaces, dissolves, and resurfaces, depending on the nature of the situation. When the executive director and a program coordinator disagree about a programmatic issue, the executive director respects and often defers to the experiential authority of the program coordinator. She explains her position in an attempt to persuade, but not to overrule.

At Hope Center, we all get our say. Sometimes we feel a little manipulated by Tracy [the executive director]. When she disagrees with our decision, she will say, "If this is what you really want, okay, but we will lose \$200,000, but we can do it anyway." Sometimes we say, "Okay, let's not lose money." At other times we say, "No, we don't care if we lose the money." . . . If she [the executive director] feels something will cause a legal problem, she will use positional authority. I can do what I want to do at Twelve Willows. A few years ago, she wanted me to take women with children into Twelve Willows—we would have gotten a lot of money for doing it. I said no, and she wheedled and dinged at me, and she didn't forget it for three years. She would say, "If you had children you could get this money," etc. But, bottom line, she trusted that I was making the right decision for Twelve Willows. She went along with my decision. She didn't let me forget it for three years, until I sat her down and said, "It is long enough to go on about this issue; let's drop it," and she did. (Interview with Twelve Willows program coordinator/associate director of training 7/22/97)

From a mechanistic perspective, Hope Center's program coordinators are the hierarchical inferiors of the executive director. Yet the executive director generally does not call on her rational-legal authority when she disagrees with the coordinators' programmatic decisions. However, when contract requirements and matters of legality and liability are involved, the hierarchy moves back into place, and the executive director invokes rational-legal authority to enforce decisions.

Fire drills we have to do; some program administrators don't want to have fire drills or think they don't need to have fire drills. To me that is my position of authority—"Do have fire drills! You don't have a choice!" I see it as life and death and a liability issue. We have had two fires. . . . Fire drills are a legal thing and a liability and so it is an issue when I use positional authority. I have some coordinators that think fire drills should be negotiated, and I won't allow it. Some of them probably think I am controlling about fire drills. . . . Occasionally I will bring up an issue and say "We aren't discussing it"—mostly legal issues or contracting requirement issues. For example, "You can't buy furniture and equipment with this money any more because it's not allowed by the contract, and don't ask me again." (Interview with executive director 7/7/97)

Legally, a nonprofit organization is set up as a machine, and from a mechanistic perspective, the organization's governing board constitutes the top of its decision-making hierarchy. This representation is not entirely accurate for Hope Center. The hierarchy at the organization is situational and moves into place when it is needed. Although the board of trustees at Hope Center is not totally without influence, its function as a decision-making body is largely redundant because of the organization's shifting management structure and bottom-up decision-making process.

With the management council and the subsidiary management structures in place, board members feel they are rarely faced with a problem that has not already been solved.

They're [the program coordinators] brought in on all crucial decisions. Personnel problems are hashed out in the management coun-

cil. Their decisions are brought to the board through the executive director. Their insight into the problem carries a lot of weight. If a personnel problem comes up, the program coordinators talk out the problem to figure out what can be done to help resolve the problem or, depending on the extent of the seriousness of the problem, to help the person if he or she is going to be dismissed. This way, it's not a one-person decision. First it goes to the management council . . . then it's brought to the board through the executive director. When they [the board] get it, there is never any clash. The decision is pretty much final after the management council has met and discussed it. They meet on a monthly basis to go through all of the little problems before they become serious. (Interview with board member 7/14/97)

Another board member credited the executive director and the staff at Hope Center for always presenting the board "with a problem and a workable solution to it at the same time" (interview with board member 7/9/97). Functionally the board of trustees is on the same level as the executive director rather than a level above her. The board acts as trusted advisors and peers rather than as hierarchical superiors. The majority of the board members are recovering alcoholics themselves, with the remainder being co-alcoholic, and they are committed to Hope Center's social model philosophy.

By supporting Hope Center's bottom-up decision-making process, the board grants legitimacy to the experiential authority of Hope Center's program coordinators and staff. Board members rely on experiential authority rather than on rational-legal authority when advising the executive director. For example, if the board disagrees with one of the executive director's objectives, the executive director trusts the board's judgment because they are recovering peers with experiential knowledge.

The board understands, empathizes, and agrees with minimizing bureaucracy. . . . Many of our board members have family members with alcohol or drug problems they are struggling with. Many are recovering. Some board members are recovering homeless. Some are alumni. Some actually volunteer in a couple of the facilities. (Interview with executive director 7/7/97)

The peer-like relationship between the board and the executive director characterizes the relationships between the executive director and program coordinators as well.

If I meet with the program coordinators, the way I look at it is some problem-solving meeting or planning meeting—more like a shirt-sleeves session, and I don't feel a demarcation of authority. Instead, "Let's all figure it out and get this done." If we are in a meeting about a new program design for X County, I meet with the staff on detox—we get their feedback and that is a working body work group. We set aside titles and we all work. (Interview with executive director 7/7/97)

Hope Center protects the social model philosophy based on experiential learning and peer interaction by hiring people in recovery. Although there is no explicit policy against hiring non-recovering persons, the majority of Hope Center's program coordinators are recovering alcoholics/addicts, with the remainder being co-alcoholic. The executive director is a co-alcoholic, and both of the associate directors are recovering alcoholics. The status of Hope Center's personnel as both employees and recovering peers of one another (as well as of the residents) transforms the legally imposed hierarchy of the organization. The employees' experiential knowledge of recovery and their familiarity with the principles of Alcoholics Anonymous protect the legitimacy of experiential authority within the organization.

Hope Center's conditions of employment for recovering employees require that they maintain total abstinence from drugs and alcohol. Part of the staff agreement that new employees must sign states:

As an alcoholic or addict, I shall not use any alcohol or other mood altering drugs or chemicals. I understand that to do so will result in my immediate dismissal. As a non-alcoholic, I shall show respect for the drug alcohol and any other mind altering drugs. I shall at no time be present at work or work functions under the influence of alcohol or other mind altering drugs. I shall at all times act respectfully, befitting a role model of alcohol and drug recovery services. (Hope Center's Personnel Manual)

Hope Center's policy of total abstinence protects the social model philosophy because it maintains a clean, safe, and sober environment for both the recovering employees and the residents/participants. (Hope Center uses the term "participant" for individuals who are served by the organization's nonresidential facilities.) This is critical to Hope Center's social model approach, which views alcohol and drug problems as a reciprocal relationship between the substance abuser and his/her social environment. In describing its philosophy and approach, Hope Center writes:

Social Model programs provide community-based warm, supportive alcohol- and drug-free environments, life experienced role models, experiential learning, education, peer interaction, 12-step program principles, and social and community involvement. (Hope Center's History and Overview)

Recently Hope Center was warned by its lawyers about the potential legal difficulties that could be caused by its "total abstinence" and hiring policies. The Americans with Disabilities Act of 1990 (ADA) prevents an employer from firing an employee when there is no evidence to indicate that the employee's disability adversely affects his or her job performance. It is also against the law for an employer to ask a job applicant to identify his or her disability until after a job offer has been extended. Although the ADA does not consider alcoholism or drug abuse to be a disability, it does not exclude individuals who have successfully completed or are currently in a rehabilitation program. According to Hope Center's staff agreement, a recovering employee can be fired immediately if he or she relapses, regardless of whether it occurs while on duty or off duty, on or off the premises.

The total abstinence required for employees is illegal under the Americans with Disabilities Act, and that is pushing us. It goes against our philosophy. If it came up, which it hasn't yet—but we know of a social model program that had to re-hire a person who relapsed and had only 30 days of sobriety—that issue would be a total organizational issue for Hope Center involving the board, staff, associate directors, and program coordinators. . . . It is against the law to require recovery as an addict or co-alcoholic in

hiring. We used to always write “prefer recovering alcoholic/addict” in newspaper ads, but we have been warned by our labor attorney not to do that because it’s illegal. . . . We can use the terminology “sensitive to the needs of” and we can still use the interview and usually recognize if someone is in recovery. (Interview with executive director 7/7/97)

With the social model philosophy’s emphasis on a sober environment, and with the primary function of the program staff being to role-model successful recovery, this legal complication could be damaging to the legitimacy of experiential authority at the organization. From a legal perspective, a newly recovered alcoholic/addict could perform the functions required of program staff at Hope Center’s facilities. However, the presence of newly recovered alcoholics/addicts on staff could undermine the legitimacy of experiential authority at the programs. In particular, the status of successfully recovering staff as legitimate and suitable role models would be threatened by the visibility of staff who had relapsed.

The instability of newly recovered staff could also be a problem, as illustrated by the associate director’s observation about residents in the detox facility of which she is the coordinator:

In detox, people may be under 30 days of recovery. They are negative, not motivated. . . . We have to replace that with positive role-modeling. You can’t expect them to act like 90-days-sober people. (Interview with associate director of Hope Center/general detox program coordinator 7/15/97)

Abstinence is a minimum critical specification for Hope Center’s recovering employees because it ensures the maintenance of a sober environment and preserves the status of its staff as successfully recovering role models and peers of the program residents and participants. If Hope Center has to eliminate its total-abstinence policy for legal purposes, such as to avoid the loss of its 501(c)(3) tax-exempt status, the organization could be forced to re-hire role models of *unsuccessful* recovery. The fact that Hope Center employees who

relapse can use the law to get their positions back illustrates how the organization's functioning with a structure of rational-legal authority diminishes the legitimacy of experiential authority. In this case, Hope Center's legal status as a 501(c)(3) nonprofit organization is in direct conflict with its philosophy, based on experiential authority.

Funding sources are also threatening the legitimacy of experiential authority at Hope Center. Assessment tools, shortened length of stay, and increased paperwork are major sources of conflict between the organization's philosophy and its status as a publicly funded nonprofit organization.

The county requirements make us less and less social model. Now we're required to do a lot more paperwork, which means less and less time with the residents. We're required to do an assessment using an assessment tool. . . . That makes this a very clinical setting, when you sit down with a form and ask the resident all these questions. It's not like social model, where you sit around the coffee pot and talk, very casual. Now we have to use a tool to determine where to put this person. And there's been a push toward the outpatient. A lot of people can't recover in an outpatient setting, but the trend is toward outpatient. And now the county determines the required length of stay. For general detox, the requirement for readmittance is that the person has to stay out for 15 days before they can come back. If they really need to come back, they have to wait 15 days. . . . Recovery is experiential learning, and that learning comes in a sober state. The shortened length of stay interferes with this experiential learning. The documentation takes us away from residents. They tear us from the social model philosophy. And they are our funding source, so there is no choice. (Interview with associate director of Hope Center/general detox program coordinator 7/15/97)

The executive director reported that two systems of recovery planning are now being done at the programs. In keeping with the social model philosophy, residents are taking personal responsibility for their recovery by developing their own recovery plans—but, at the same time, the program staff are responsible for developing treatment plans to meet funding agency requirements. Another consequence of this increased

paperwork concerns Hope Center's commitment to employing recovering staff.

Many of our staff were hired for life experience, role models, nurturing, talk the talk and walk the walk, and some of those same staff are now required to do paperwork and write up progress notes that require levels of education, writing skills, that our people were not originally hired for. We're feeling that pain—now trying to adapt our people to the computer. Some love it, while others can't make the transition. (Interview with executive director 7/7/97)

Perhaps, in the future, staff with education and recovery experience will be paid more than staff with recovery experience alone, or salaries will be based on years of education as opposed to the current practice of requiring more years of sobriety for higher positions on the career ladder.

Speaking for my position here, I just got my Associate of Arts, and everybody here was really happy for me, but I didn't get a raise. I didn't get compensated for it. That doesn't happen with us. But I think they're thinking about it. I was actually supported by my fellow staff, but not monetarily. (Interview with Twelve Willows lead staff 7/25/97)

Hope Center may find itself in a "Catch-22" as far as compensation for continuing education is concerned. The culture of the organization may change if it decides to reward employees with higher salaries for higher education, because such a system would appear to devalue the experiential knowledge of employees without degrees. However, if the contracts start requiring certification and the organization decides not to reward higher education, it might be difficult for Hope Center to retain college-educated employees under the current pay scale. Those who come to work for the organization might stay only long enough to gain some experience in the field before moving on to a higher-paying organization. This could have a damaging effect on the culture of the organization in that the current family-like or peer-like environment could be transformed into a training ground for recent college graduates.

Language is a form of cultural expression. From a cultural perspective of organization, the language used by employees can reveal much about an organization's values and norms (Morgan, 1986). Use of "resident" instead of "client" and "recovery plan" instead of "treatment plan" is an important identifying characteristic of a social model program. The terms "treatment plan" and "client" are typically not used in social model because of the implication that recovering substance abusers are not personally responsible for their own recovery. As "clients" they are "treated" by a professional who develops their "treatment plan" for them; the professional is responsible for the client's recovery.

Today the county insists on calling the participants "clients," and I asked the program coordinators, "What do the participants want to be called? What is most respectful?" Cara's [Twelve Willows program coordinator] view was to call them "resident"—they have ownership with that name. I'm a "participant" if nonresidential. If I'm a "client," someone is treating me. (Interview with executive director 7/7/97)

Some of the Mustang River and Twelve Willows staff interviewed for this author's study were interchangeably using the terms "treatment plan" and "recovery plan," and saying "client" instead of "participant" or "resident." This could be a consequence of recent changes in the documentation procedures required by funding sources and in the level of professional training to which social model staff are now exposed.

Although "client" and "treatment plan" imply a hierarchical relationship, these terms have not been formally adopted by Hope Center, and despite such cultural ambiguities, the organization continues to operate more like a brain than a machine. Experiential authority is the primary source of authority in the organization, with rational-legal authority operating as a secondary source. Hope Center's executive director and associate directors invoke their rational-legal authority only when issues of legality and liability are at stake or when they are dealing with the environment outside of Hope Center (e.g., county boards, funding agencies). In other

matters the relationship between the directors and the coordinators is peer-oriented. This is also true of the relationship between the board of trustees and the executive director. At the programmatic level of Hope Center's decision-making process, authority is tied to one's experiential knowledge more than it is to one's formal position.

Conclusion

Hope Center as a parent organization does not micromanage its subsidiary programs. Management is a function of both the program coordinators and the executive director and associate directors. The executive director and associate directors invoke their rational-legal authority only when matters of legality and liability are concerned or when they are representing Hope Center to external agencies. Management and staff at the subsidiary level are regarded as the peers of upper-level management rather than as hierarchical inferiors. This peer-oriented philosophy is also reflected in the board of trustees' relationship with Hope Center and its subsidiary programs.

With regard to programmatic decisions, the relationship between the subsidiary programs and Hope Center as a parent organization is democratic. Problem-solving proceeds from the bottom up. Program coordinators have a great deal of autonomy concerning the internal management of their respective programs. The evidence of this fact is that differences in resident governance procedures are found between two programs, as well as basic similarities (Borkman, 1998, in this issue). Whether or not the executive director calls upon her formal position when exercising authority depends on the content of the decision to be made. This method of decision-making is characteristic of holographic organizations in that the structure of the organization changes, depending on the nature of the situation. The fluid structure of the organization deemphasizes the authority accompanying

one's formal position and protects the legitimacy of experiential authority.

Hope Center is facing serious challenges to its philosophy. The status of program staff as successfully recovering peers and role models is being jeopardized by both legal and funding requirements, although funding requirements appear to be posing the most immediate threat to the value of experiential knowledge at the organization. Funding agencies devalue the experiential knowledge of recovering staff with contractual conditions for professionally trained staff and case management techniques; these conditions diminish the opportunity for peer interaction between staff and program participants.

Still, the organization is characterized by a learning-oriented approach to organizing that enables it to minimize the rational-legal authority acquired by its incorporation as a 501(c)(3) nonprofit organization. Hope Center's shifting management structure gives it the brain-like capacity for each part of the organization to be aware of what is going on within its other parts. This mode of organizing serves to protect the legitimacy of experiential authority at the organization by removing mechanistic barriers in the communication and decision-making processes. Because it also enables the structure of the organization to evolve with changing circumstances, the organization may be able to maintain its experiential authority to some degree despite the challenges posed by legal and funding requirements.

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