

1-1-1985

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### Recommended Citation

Lippitt, Ronald () "Six Problem-Solving Contexts for Intervention Decision Making," *Clinical Sociology Review*: Vol. 3: Iss. 1, Article 7.  
Available at: <http://digitalcommons.wayne.edu/csr/vol3/iss1/7>

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# Six Problem-Solving Contexts for Intervention Decision Making

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## ABSTRACT

Six different organizational problem-confrontations present the Clinical Sociologist with a variety of intervention challenges. We identify these contexts as: Entropy Prevention, Creative Downsizing, Compliance with Regulations, Choosing Preferred Futures, Creating Conditions for Innovation, Facilitating Dissemination of Successful Practices. Several intervention strategies are presented, and some typical traps to avoid are identified. Some generic interventions that are needed in all six contexts are summarized.

Making appropriate, effective intervention decisions is one of the major professional challenges of every clinical sociologist. Good decisions are based on several acts of conceptual integration.

First, there is the challenge of multisystem thinking, i.e., to integrate data about the client at the level of individual, group, and organizational dynamics and interactions with the environment. Not all, but most, diagnostic analysis requires integrating data from these four levels of systems.

The second challenge of integration is to synthesize and utilize relevant interdisciplinary concepts. If the concepts of Freud, Lewin, Mead, and Parsons stay fragmented in our thinking, we can hardly make creative, diagnostic multisystem judgments.

The third challenge is to integrate our diagnostic thinking about "what's going on" within our client system with planned change theory about readiness for and resistance to change, considering the frameworks of Lewin, Beckhard, Tannenbaum, Bennis, Shephard, Lippitt, Blake, Weisbord, and others.

Fourth comes the critical reflective action of scanning one's own repertoire

of competencies, and ethical norms, to select helping actions which not only meet the criteria of the three paragraphs above, but also meet the quality standards of personal skill and ethical norms. Quite frequently we feel clear on *what* to do, but do not have experience with the necessary *how* skills. This is the challenge for our professional development efforts.

There is a very important fifth ingredient in our intervention decision making. This is a consideration of what I call "the problem confrontation client context." Sometimes I think of this aspect as a type of change challenge. I've identified these problem-solving contexts for the consultant as:

1. The challenge of "entropy prevention," or maintaining and revitalizing a level of performance of the system.
2. The challenge of coping creatively with "downsizing" and simplification.
3. The challenge of helping the client comply effectively with regulations and mandates.
4. The challenge of imaging and implementing improvements in current operations.
5. The challenge of creating and maintaining the conditions for innovation and invention.
6. The challenge of designing and supporting the spread of significant innovations.

I'd like to summarize some observations and experiences as a consultant attempting to work on each of these challenges. I'll identify the diagnostic context, then share some preferred intervention strategies and some traps I've discovered. I invite you to reflect on your experiences with each of these situations. If you'll share your experiences with me, I'll commit myself to write a follow-up summary and commentary on your experiences.

## **CONTEXT 1: THE CHALLENGE OF ENTROPY PREVENTION**

The basic notion here is that many practices and procedures which are established tend to "run down," to deteriorate by becoming habituated and depersonalized. This process of entropy or loss of energy and quality may result from complacency, or loss of meaning of the activity, or routinization of performance.

The challenge for the change-agent in such situations is to find ways of maintaining, or restoring, the quality of the procedure or performance. It is assumed that in most human service or production situations deterioration can be reversed (e.g., by confrontation, awareness, retraining, consultation, motivating, etc.), and that much can be done by monitoring, feedback, and performance review to prevent deterioration.

## Some Intervention Strategies

I think the proactive posture, as a consultant, is to be actively involved in prevention of loss of momentum of innovation and loss of quality of practice. Here are some strategies I have found helpful:

1. Train internal personnel to be an active support system to motivate and maintain the patient care innovation in the hospital, the staff communication pattern about problem students in the school building, the task force procedure of solving production problems, etc.
2. Get acceptance of periodic review of procedures by a trusted outside team.
3. Get process feedback from clients (patients, consumers) legitimized and utilized.
4. Get acceptance of a plan for internal rotation of personnel to prevent burnout or loss of interest.
5. Introduce a monitoring role.

But you may find that “things have gone downhill,” that momentum and commitment have been lost, that the “pioneers” of the practice have disappeared, the reasons for the practice have been forgotten. In these situations, some of the strategies I have found helpful are:

1. Reactivate the memory of why started, by whom, what payoffs. Find one of the “pioneers” as a resource person.
2. Provide retraining.
3. Activate a task force on “adaptations and improvements.”
4. Get oldtimers to teach newtimers, which activates the commitment and quality of performance of the oldtimer teachers.
5. Get input on the expectations and evaluations of the clients.

## Traps and Comments

The biggest trap is for the support and energy of the consultant to become the major factor in the installation and maintenance of the new practice. This dependency ensures that when the consultation is terminated, the momentum will be lost.

Another trap is the lack of skill training so that there will be frustration and discouragement rather than the satisfaction and reinforcement of a sense of competence.

Many consultants find this concern with entropy, with “running down,” rather uninteresting as compared to getting new things started. This quality

assurance of maintenance, I believe, is one of the most important priorities of the effective consultant.

## CONTEXT 2: THE CHALLENGE OF CREATIVE DOWNSIZING

Cutbacks in budget, personnel, or other resources are a frequent aspect of our current organizational life; or it may be the challenge of "doing more with the same." Many problems are activated by this situation—competitive rivalries, turf protecting, defensive withdrawal, constricted thinking and defensive problem solving.

The challenge for the change-agent is to stimulate proactive imaginative thinking about alternatives, collaboration in search for duplication of services, unused and misused resources, simplification of tasks and procedures, and search for new sources of resources.

From my efforts to diagnose these situations, I have found some basic differences between what we have called proactive and reactive ways of responding to the requirements of downsizing. These are shown in Table 1.

**Table 1**

Proactive Initiatives	Reactive Responses
Imaging potential positive results Assuming alternatives can be found Reprioritizing	Focusing on pain (problems) Assuming "beyond me," helplessness Across the board "nibble" (e.g., 10% cut)
Involving everyone in ideas for saving Exploring collaborative exchange and sharing of resources	"Closet decisions" at the top Jealously guarding turfdom
Restructuring roles, with involvement, training	Assigning overloads
Exploring alternative sources of support Preserving problem-solving resourcefulness in reducing personnel	Blaming regular sources for problem Cutting the most vulnerable personnel (e.g., training personnel)
Exploring new markets Utilizing, expanding volunteer and part-time resources	Cutting back on innovation resources Cutting coordinator of volunteers and marginal part-timers, young, etc.
Scanning for innovative models that simplify and economize	Trying to skimp on our regular way of doing it

### **Some Intervention Strategies**

In consultations and workshops with at least 30 systems (schools, agencies, companies, churches, cities) over the past five years, I have found these interventions among the most helpful:

1. Study the procedures used in the successful cutback experiences of other systems.
2. Brainstorm the potential positive outcomes of the cutback or simplification effort.
3. In teams of three, become consultants to cutback core interests.
4. Involve the vertical structure of workers in understanding the situation and brainstorming ways of cutting overhead, and finding new sources of income.
5. Form ad hoc task forces on specific cutback priorities and new sources of income possibilities.
6. Develop historical perspective on previous “downs.”
7. Do consequence analysis of the results of the reactive strategies.
8. Develop training and exploration programs to help discover part-time work patterns and new career potentials.

This is a small sample of the strategies that emerge when a key vertical team of the system becomes proactive in their problem-solving efforts.

### **Some Traps and Observations**

The biggest traps in my experience are to accept the reactive fatalistic position of the client, and to accept the assumption that only a few at the top should be involved in the cutback decisions without getting the involvement and input of those who will be most affected.

The most powerful tool for getting a turnaround in thinking is to introduce a futuring procedure that moves the client away from immersion in the narrow-horizon preoccupation with the pains of here-and-now.

### **CONTEXT 3: THE CHALLENGE OF COMPLYING WITH REGULATIONS**

All systems must adapt to and respond to a variety of external impacts on thinking and practice. There are new laws, new regulations, new policies, mandated behaviors from above, and new technology to adjust to.

The challenge for the change-agent/consultant is to help the client system understand the rationale of the regulations and regulators, to help deal with resistance motivations, to help explore options and alternatives of compliance,

and to help explore feasible strategies of feedback. How to “influence upward” in constructive, effective ways is one of the most important skills of any subordinate system or subsystem in a complex structure of systems.

### **Some Intervention Strategies**

I find it is important to differentiate between those regulatory inputs that come from outside the system, e.g., new laws and legal regulations, and the mandates flowing from new internal policies by Boards of Directors and the administrative power structure.

When responding to external regulations, some of the interventions I have found helpful are:

1. Collect enough data on who decided on the regulations, and why, so that one can set up a simulation situation with some of the clients briefed to take the regulation makers' roles for a role-played dialogue.
2. Have clients brainstorm all the positive and negative consequences of the regulations.
3. Have the client identify all the low and high quality ways of complying and explore the implications of these alternatives for the quality of their operation or service or productivity.
4. Help draft a memo to the regulators making suggestions about high and low quality compliance, and making recommendations for improvements that would ensure better, more acceptable responses by the compliers.

In working with compliance mandates generated within the system, my most successful interventions have been:

1. Brainstorm possible range of responses to the regulation. Explore ones that seem to meet needs of staff and of quality of service.
2. Invite in a top power figure as a consultant on questions and proposals of staff. I usually have a session with the top person on the traps of responding defensively, etc.
3. Form ad hoc task forces to come up with recommendations on “creative compliance” and on “alternative strategies for influencing upstairs.” This can be a very responsible, nonadversarial process.

### **Some Traps and Observations**

One of the most helpful interventions is to help the parties “get in each others' shoes” to understand both the rationale and the impact of the regulation. I find role-played dialogues and brainstorms are very productive. Acting as a third

party in providing some anticipatory rehearsal for both parties is of great value regarding internal system issues of coping vertically with new mandates.

#### **CONTEXT 4: THE CHALLENGE OF IMAGING AND IMPLEMENTING IMPROVEMENTS**

There typically seem to be two different incentives for us to make improvement efforts. One of these is the confrontation of some problem/pain, e.g., drop in profit, complaints from clients, low morale, drop in quality of product or service. The second push toward improvement is an “image of potential,” of how things could be better, how they are better someplace else, that there are new practices and technologies that are better, that a competitor is doing better than we are.

The challenges for the change-agent are sometimes to stimulate images of potential where there is complacency. Or the job may be to convert a pain into concrete goals and motivations for improvement, and to reduce the depression and frustration that prevent improvement efforts.

In a field project, my graduate students got permission to observe and tape-record a variety of groups in the community which were beginning to plan, e.g., school board committees, agency staffs, city commissions, hospital task forces, etc. The students discovered several things of relevance to us. They discovered that most groups began by listing problems and issues that had to be dealt with. And as they did this, the voices of the participants became more depressed each 15 minute period. As problems were piled on problems, the weight of the list became more depressing. Secondly, there was an increase of words and phrases that expressed frustration and a sense of impotence. There was also an increase in the mobilization of defenses against responsibility for action, e.g., when one voice on the tape would mention a problem a second voice would attribute the cause of this problem to forces outside of their control. A fourth finding from analysis of the content of the goals that were set was that the goals tended to be very short-term “getting away from pain” rather than more long-term “going to someplace exciting.”

#### **Some Intervention Strategies**

For these reasons my consulting on problem solving and planning focuses on developing “images of potentiality.” My most successful interventions in this context of “work for improvement” are:

1. Group brainstorms of the “prouds” and “sorries” about current operations and work life, with a priority rating for the “proudest prouds” and “sorriest sorries.”



2. A scanning of the literature for practices of others with ideas for improvements.
3. A trip into the future (1–5 years) to make concrete observations of things going on in the system that please them very much with the improvements since back then (1–5 years ago), with voting on the priority images.
4. The formation of temporary task forces to work on planning for action on the priority preferred images.

### **Traps and Comments**

The greatest trap is to go along with the clients' tendency to focus on problem/pain instead of stimulating work with positive images of potential. The problems will still come out, but they will be in the context of blocks to be coped with in working toward the positive images.

The other most frequent trap is to assume the clients have skills and successful experiences in this action planning process. They all need help in formulating concrete goals and doing stepwise planning, with plans for evaluating movement and celebrating progress.

### **CONTEXT 5: THE CHALLENGE OF CREATING CONDITIONS FOR INNOVATION**

The futurists tell us that with each passing decade the problems to be solved are becoming more complex and require the collaboration of more different disciplines to create the needed solutions and new products. Another analysis shows that for each decade since 1900, more of the significant inventions have been the product of teams of many different heads. Unfortunately, most systems do not have procedures for identifying and putting the right different heads together, and do not appropriately identify, recognize, and reward innovative practices and products.

### **Some Intervention Strategies**

Some of the most successful interventions I have discovered to innovativeness in a system are:

1. Developing a "who is good at what" bank on the computer or a card index or a wall chart. With this tool, it is possible to put the right heads together once the problem-solving task has been analyzed.
2. An exchange of successful practice procedures which helps participants identify what is a "social invention," why they didn't "tell each other," and provides a procedure for identifying and documenting innovative practices.

3. A recognition procedure which acknowledges social inventions.
4. Sessions with managers to help them recognize and provide flexible time assignments for innovations development.

### **Traps and Comments**

One of the traps is the attempt to get innovators to be willing and able to describe their own innovations. There is usually a low level of awareness about their innovations, a poor ability to describe the innovation, and many restraints against “blowing their own horn.”

Another serious trap is the low priority given to putting time and energy into documentation of the innovation.

### **CONTEXT 6: THE CHALLENGE OF FACILITATING DISSEMINATION OF INNOVATIONS**

New technologies and practices are being invented continuously—in research programs and in the experimentation of creative practitioners in other organizations. Dissemination of these discoveries is very slow.

The challenge for the change-agent is to help scan for the new products and practices, to help evaluate their potential payoff, and to help with the process of imparting and adopting the new resource, or, more frequently, to help adapt the new practice to the particular needs and capabilities of the local situation.

### **Some Intervention Strategies**

Facilitating spread of a significant practice is one of the most neglected areas of intervention. The most significant development of this area of professional practice has been by the agricultural system with its network of county agents as the facilitators of the spread of innovations, e.g., a new seed, method of fertilizing or plowing or animal breeding. The following interventions have served me best in this important context for change:

1. Helping in the selection, training, and support of a documentation team which takes pride in the written, visual, and often audio record of the innovation so that presentations can be made to interested potential adopters. Good documentation and evaluation is one of the most important tools of dissemination.
2. One of the most important assumptions of change-agenting is “don’t ever expect everyone to change at the same time.” One of the most strategic “spread innovations” is initiating a pilot project in one part of the client system to test out and demonstrate the feasibility of a new practice. Most of

these pilot efforts do not serve as demonstrations because the pioneers reject spending time communicating to interested visitors. The consultant facilitators must utilize a variety of skills to help with successful linkage of a demonstration to potential adopters.

3. Another important intervention, in my experience, is what our Tavistock colleagues have called "the budding off process." In this model, the visiting teams from potential adopters spend a day at the demonstration site. The first part of the day each visitor spends with his counterpart, observing and probing. Then the visitors spend a period with the consultants exploring how the demonstration hosts had achieved the changes. Then the visitors spend time in their teams on the kind of adaptations needed and desirable to get the new practices to fit their situations. They end the day with consultant help in thinking about first steps of action and the involvement of others.

### **Traps and Comments**

I think the biggest trap is to assume that by mandating participation it is possible to get everyone involved in a process of change at the same time.

Another trap is to allow the role of documentation to be a low priority unskilled role. Training, support, and recognition are crucial.

Still another trap is to assume that productive visitation to demonstrations can happen without careful preparation of both parties to have a successful interaction.

### **SEVERAL GENERIC INTERACTIONS NEEDED IN ALL CONTEXTS**

In the summary comments above, I have focused on consultant interventions that seem appropriate for the particular client system context. I'd like to add to this inventory several interventions that I find myself using in all six contexts:

1. **Entry Client Involvement.** In almost all client situations, I find it important to design "what it would be like if I worked with you" situations which involve a sample of participative experiences.

2. **Generating an Inside-Outside Team.** Another effort in all situations is to discover one or two inside staff persons who are interested in teaming up, want to get the benefits of the professional development opportunity of learning from the outsiders, and can get sanction and support from their managers to spend part of their time as members of this project team.

3. **Developing Ad Hoc Work Teams** of two to eight to put energy and creativity into development priorities.

**4. Providing Training in Having Productive Meetings.** In every situation one of the great wastes is the tolerating of unproductive meetings. Brief training sessions on the designing and leading of effective meetings provides a quantum leap in the quality of work.

**5. Introducing Process Interventions Into Task Work.** I use a number of tools to help client groups look at “how well we are doing” and “how can we improve our ways of working with each other.”

**6. Using Tryout and Rehearsal Techniques.** Many times a client team needs help in preparing for presentations of recommendations. The most helpful tool is a “reality practice” rehearsal with feedback and repractice. A repertoire of role-playing and simulation skills is an important part of the repertoire of every consultant.

## RESOURCES

All the items below can be ordered through the *Multi Media Resources Catalogue* of Development Publications, 5605 Lamar Road, Bethesda, MD 20816. The catalogue is available free of charge

Lindaman, Edward, and Ronald Lippitt.

1979 Choosing the Future You Prefer A Goal Setting Guide. Bethesda: Development Publications.

Lippitt, Gordon, and Ronald Lippitt

1978 The Consulting Process in Action. San Diego: University Associates.

Lippitt, Ronald, and Gordon Lippitt.

1984 “Humane downsizing: organization renewal versus organization depression,” *Advanced Management Journal*.

Lippitt, Ronald, and Gordon Lippitt.

1978 The Consulting Process in Action Skill Development Kit (practice exercises, 6 cassettes, case examples). San Diego: University Associates

Lippitt, Ronald.

1980 “Creative birth, life and death of committees” *Human Resource Development Journal* 4, no. 4:2-5

Lippitt, Ronald, and Eva Schindler-Rainman.

1980 “Exchanging successful practices,” Bethesda: Development Publications

Schindler-Rainman, Eva, and Ronald Lippitt.

1981 The Group Interview: A Tool Kit. Bethesda: Development Publications