

## OD Interventions or "Help! What Do I Do Now?"

By Ginger Lapid-Bogda

The most complex display of the variety of interventions used by organization development consultants can be found in Blake and Mouton's (1983) "Consulcube" from their book *Consultation*. This three-dimensional cube looks at who the client is (called "units of change"), the consultation style used ("kinds of interventions"), and problem(s) diagnosed ("focal issues"). See the layout below.

Units of Change	Kind of Interventions	Focal Issues
individual	acceptant	power/authority
group	catalytic	morale/cohesion
intergroup	confrontation	norms/standards
organization	prescriptive	goals/objectives
larger social system	theory/principles	

Schmuck and Mile (1976), in *OD in Schools*, construct an intervention cube that adds dyad/triad to the "Units of Change" dimension and role to "Focal Issues." The Schmuck and Miles Intervention Dimension includes consultant style and the process used by the consultant (that is, data feedback, process consultation, task force establishment, and so forth). W. Warner Burke (1982) provides a readable narrative of these and other intervention typologies in *Organization Development: Principles & Practices*. But do OD consultants actually use cubes in making determinations about how to intervene in client systems? We might use one, after the fact, to describe what we've done. We might also use a cube before an intervention to assess our options. However, the remaining sections of this paper depict more of what we actually *do* using analysis and intuition. They are, I think, the mind and guts of our work.

### Organization Diagnosis

Consultants have models, categories, and working theories (implicit and explicit) about how organizations work, how people behave, and how change occurs. These help us and our clients make sense out of an otherwise chaotic world; without them we wouldn't know what questions to ask, how to organize data, or how to engage in dialogue with a client about organization problems or growth. These models also limit us as we leave elements out of our models. At one time I added strategy and positioning to my conceptual framework and later I added vision and the importance of leadership in setting vision and strategic direction. Now that I look at these issues, I actually see them and work with them in most of my consultations. In sum, we intervene where we see weaknesses and strengths, but what we see is determined by the models we use.

## **Hurting Systems**

The organization diagnosis would tell us which part of the organization is in the most pain and, therefore, the most potentially motivated to work on change. The mottos, "no pain, no gain" and "when you ain't got nothing, you got nothing to lose" apply here. One client came to me with a "presenting problem" of lack of teamwork. The diagnosis stage indicated an all-out racial war. The issue behind this was a leadership vacuum of ten years. But the obvious pain was in the racial conflicts, which is where the client members were first willing to do the work.

## **Success Interventions**

The client and client system may need to experience something successful together before they are willing to work on deeper, more powerful issues. Or the client may need to have a success with the consultant before the client will use the consultant on a more complex or more expensive problem. I came upon this latter aspect with a client who wanted to use me in an action research project *after* they had seen me do something. They, however, could think of nothing for me to do with them – I was supposed to come to a meeting with them and do something! After I got past my resentment at "being on stage" and my nervousness ("stage fright"), I worked with them to explore how the position they put me in reflected some of their own issues and then discussed what they hoped might result from our working together. I got the contract.

## **Domino Analysis**

I first heard this term from Dick Beckhard in a presentation. As a problem area surfaces, it requires us to ask, "What is the cause of the problem?" and then to ask the question again and again until you get to the root problem. Once at the core, the intervention can begin. A large-scale contract presented our consulting team with a "presenting problem" or morale. This was, however, a symptom of departmental chaos: every department lacked coherent structure, policies, and communication systems. Behind this was the core issue of managerial competence and leadership. The managers were all very inexperienced and they felt neglected, at best, and victimized, at worst, by the parent organization. So we began our intervention through intensive management coaching and, during the group feedback segment of the action research project, the managers facilitated the meetings with the OD consultant in the role of coach and backup support. This was done to enable the managers to be proactive at each step.

## **Backup Method**

While this sounds like the domino analysis, it is quite different. In the "backup method", the consultant is the stage director. Here, the consultant asks, "If this intervention is to be successful, what other elements must be in place?" These elements are not core problems; they simply help things along. A recent contract for a three-day retreat with a management team of thirty people focused on direction and purpose for an

entire organization. "Backing up", my co-consultant and I met with the leadership pair for a consultation to explore their individual and common values and visions in preparation for their presentation at the retreat. We also requested that the managers do some preparation regarding their visions and values for their departments. These "backup" interventions allowed the retreat experience to become more thorough reflective, and mutual.

### **Historical Successes and Failures**

In determining an appropriate intervention for an organization with a particular problem, an assessment of the organization's history of OD successes and failures can tell the consultant what might and might not work with the client. It can tell you what may be the effect of a certain process, as well as what type of "halo effect" an intervention may have, simply because it is similar in method to a prior positive or negative intervention process.

As an example, a human resource group with whom I consult requested a team-building retreat. The obvious question was why they wanted it. The answer given was that they felt they needed it. As I explored with them why their prior experience has been negative, two themes emerged: the agenda had been the manager's, not the group's, and the consultant had colluded with the department in not facing highly conflicting issues. As a result of this information (and so as not to encourage a negative "halo effect"), the intervention design was as follows: (1) generate the issues needing attention by having each group member anonymously complete two 3" x 5" cards – the first card answered the question, "What two or three issues do we need to deal with that would be easy for us?" and the second card responded to the question, "What two or three areas do we need to address as a group that are difficult for us to deal with but which would add great value to our organization if we could deal with them effectively?"; (2) collect the cards and read them out loud; (3) divide the group into small groups of three or four people and have each group design the next two days; (4) compare and combine designs according to group consensus; (5) negotiate the consultant role regarding confrontational consultant behavior (which they preferred to call "gutsy"); and (6) do it.

### **Consultant Strength and Stretch**

At the negative extreme of consultant strength would be the consultant who is so specialized that every consultation intervention, no matter what the client needs, is, for example, "quality circles," "team building," or "work redesign." At the extreme of consultant stretch is the consultant who has been wanting to try an intervention so that the next client, regardless of the organizational issues, receives that intervention. The extremes aside, most competent consultants do factor strength and stretch into their practices. My own example feels like true confessions of a consultant. I am quite adept at group process (strength) and have a limited attention span (forty-five-minute intervals at best) for facilitating task-only problem solving meetings (weakness). Consequently, if the client needs task-specific group problem solving, I often break participants into small groups where they facilitate themselves, or I coach the head of the group

in task-specific meeting leadership and then support the leader through process consultation and make task-related interventions only when the group gets "stuck." My true confession relates to stretch: with any client I always look for some way(s) to do something new. I look for what is unique about the client and the client's issues to assess how I can be creative and stimulated. This approach, I think, keeps me vital and authentic as a consultant and person. The above items are beginning explorations of what I think real consultants do. They do *not* use "cubes" or any other mechanistic categorization of interventions as a priori categories. They develop congruent approaches from experience, reading, talking with colleagues, and self-reflection. In doing the self-reflection, I realized that I believe an intervention actually starts when the client make the decision to act by calling the consultant. Consequently, the intervention stage doesn't occur after diagnosis, but starts with the initial call. Peter Block (2000) explores these early interventions in *Flawless Consulting*, particularly those related to contracting and resistance. In all this our own styles as unique human beings are basic.