The Intervention Process:
A Primary Role of the Emergency Manager

Whatever title is applied to the role --- preceptor, coordinator, manager --- those involved with emergency management will find that many of the behavioral skills applied in this role parallel those of "the intervenor." To be effective, one needs a closer understanding of the process of intervention. This chapter attempts to facilitate that understanding through focusing on concepts conveyed by Chris Argyris in "Intervention Theory and Methods." [1]

Intervention: A Definition

To intervene is to enter into an on-going system or relationship, to come between or among persons, groups, or objects for the purpose of helping them. There is an important implicit assumption in the definition that should be made explicit; the system exists independently of the intervenor. There are many reasons one might wish to intervene. These reasons range from helping the clients make their own decisions about the kind of help they need to coerce the clients to do what the intervenor wishes them to do...

The more one conceives of the intervenor in this sense, the more one implies that the client system should have little autonomy from the intervenor; that its boundaries are indistinguishable from those of the intervenor; that its health or effectiveness are best controlled by the intervenor. [2]

In contrast, the view expressed in this chapter recognizes interdependencies between the intervenor and client system but focuses on:

o   How to maintain or increase the client system's autonomy

o   How to clearly distinguish boundaries between the intervenor and the client system

o   How to define and interpret the client system's status and effectiveness independently of the intervenor's.

This view values the client system (health care facility) as an on-going, responsible entity obligated with control over its own destiny. Here, the intervenor helps a system become more effective at problem-solving, decision-making and decision-implementation so that the system continues to become <u>more effective</u> in these activities and <u>less reliant</u> on the intervenor.

The intervenor must identify who he is helping - management, employees, patients...? The best approach is for the intervenor to first consider the system as a whole, even though initial contact may be made with only a few people (emergency preparedness committee, director, service chiefs, etc.). The intervenor can then focus

on activities that eventually (maybe not immediately) present all members chances to enhance their competence and effectiveness.

Basic Requirements for Intervention Activity

Regardless of substantive issues involved, there are basic processes that must be fulfilled if intervention is to be helpful with any level of client (individual, group, organization).

One condition, so basic as to be defined axiomatic, is the generation of valid information. Without valid information, it would be difficult for the client to learn and for the intervenor to help.

A second condition, also basic, stems from the assumption that intervention activity, no matter what its substantive interests and objectives should be so designed and executed that the client system maintains its autonomy. Thus, free, informed choice is also a necessary process in effective intervention activity.

Finally, if the client system is assumed to be on-going (existing over time), the clients require strengthening to maintain their autonomy not only vis-a-vis the intervenor but also vis-a-vis other systems. This means that their commitment to learning and change has to be more than temporary. It has to be so strong that it can be transferred to relationships other than those with the intervenor and

eventually can do so without the help of the intervenor. The third basic process for any intervention process is therefore the client's internal commitment to the choices made.

In summary, valid information, free choice and internal commitment are considered integral parts of any intervention activity, no matter what the substantive objectives are... These three processes are called the primary intervention tasks.

Primary Tasks of the Intervenor

Valid and Useful Information

> "It is axiomatic that valid and useful information is the foundation for effective intervention. Valid information is that which describes factors, plus their inter-relationships, that create the problem for the client system." [3]

There are several ways to test for "information validity": <u>public verifiability, valid prediction</u> and <u>control over phenomena</u>. <u>Public verifiability</u> is determined by having several independent diagnoses or assessments suggest the same picture. <u>Valid prediction</u> occurs by generating predictions from these assessments that are subsequently confirmed, i.e. they occurred under the conditions that were specified. <u>Control over phenomena</u> happens by altering factors systematically and

predicting effects on the whole system. These tests for information validity are important to successful intervention. The diagnoses or assessments by the intervenor must attempt to represent the total client system and not just the point of view of an individual or sub-part. This way, not only does the help ensure objectivity on the part of the intervenor, but also avoids predictions that may be bias or incomplete, thus based upon inaccurate information.

This does not mean that the intervenor may not begin with or confine his relationship to, one sub-part of the system. It is certainly possible, for example, for the intervenor to assist management. What he must avoid, however, is limiting his diagnosis to the sub-group's wishes.

Not only must information used by the client be valid, it must be useful. Information may be valid, but if it doesn't "fit" the client's needs, its useless. An intervenor's diagnosis (assessment), then, should include variables that are manipulable by the clients and complete enough so that if they are manipulated, effective change will occur. [4]

Free Choice

"In order to have free choice, the client has to have a cognitive map of what he wishes to do. the objectives of his action are know at the moment of his decision. Free choice implies voluntary as opposed to

automatic; proactive rather than reactive." [5]

Free and informed choice involves what Simon called "satisficing", i.e., selecting the alternative with the highest probability of succeeding, given some specified cost restraints. [6] (In emergency preparedness planning, "cost" can refer to dollars, human or other resources, time, or effectiveness.) Free choice puts the locus of decision making in the client system, makes the client system responsible for its destiny and allows them to maintain the autonomy of their system.

Clients may prefer to relinquish their responsibility and their autonomy, especially if they fear failure. They may prefer to transfer their free choice to the intervenor and insist that he tell them what to do. If the intervenor does not resist these pressures, the client lose their autonomy and so does the intervenor. He will be controlled by the anxiety of the clients. In emergency preparedness, the intervenor most likely will not be readily accessible to the client during an activation of a plan. An intervenor must help establish client autonomy and confidence. In this case, free choice is an important requirement because the processes of help are as important as the actual help.

Effective intervention in human and social spheres requires that helping processes are congruent with the desired outcome. Since emergency preparedness planning implies a

number of unknowns, the intervenor wants the client to have as much motivation and commitment as possible. This is accomplished through free choice, and will increase the chance for client success. Free choice allows the members to select their course of action with minimal internal defensiveness, contributes to the client's sense of control, builds realistic choices and challenging aspiration levels. Free choice allows clients to explore many significant alternatives and select those that are central to their needs.

Why is it so important that <u>choice</u> be related to centrality of needs...and why must the level of aspiration be realistic and challenging? May people choose unrealistic or unchallenging objectives? This only lasts for a short time, but not for long if they wish to have free and informed choice. A freely chosen course of action means that action must be based on an accurate analysis and <u>not</u> on biases or defenses of the decision-makers. Studies on levels of aspiration clearly demonstrate that choices which are too high or low, too difficult or not difficult enough, tend to lead toward psychological failure. This, in turn, leads to distorted perceptions by the decision--makers. Moreover, defensive members may create a climate where members of surrounding and interrelated systems tend to provide censored information. Choices under these conditions are neither informed nor free. [7]

In the area of emergency preparedness and emergency management, we cannot afford the uncertainties and imposed problems associated with an uninformed and controlled system.

Internal Commitment

Internal commitment means the course of action or choice that has been internalized by each member so that he develops high degree of ownership and has a feeling of responsibility about the choice and its implications. Internal commitment means the individual has reached the point where he is acting on the choice because it fulfills his own needs and sense of responsibility, as well as those of the system.

The individual who is internally committed is primarily under the influence of his own forces and not induced forces. The individual (or any unit) feels a minimal degree of dependence upon others for the action. It implies that he has obtained and processed valid information and that he has made an informed and free choice. Under these conditions there is a high probability that the individual's commitment will remain strong over time (even with reduction of external rewards) or under stress, or when the course of action is challenged by others. It also implies that the individual is continually open to reexamination of his position because he believes in taking action based upon valid information. [8]

Whatever your title ---emergency preparedness coordinator, area emergency manager ---the role as <u>intervenor</u> is critical to the success of work. By applying the primary tasks of focus on <u>valid and useful information, free choice and internal commitment</u>, you are more assured of helping the client develop a truly effective emergency preparedness program.

Notes:

[1] Argyris, Chris, Intervention Theory and Methods, **Classics of Organization Theory**, Third Edition, Shafritz, Jay M., and Ott, J. Steven, Brroks/Cole Publishing Company, Pacific Grove, CA., 1991, pp. 188-92.

[2] Ibid, p. 188.

[3] Ibid, p. 189.

[4] Ibid, p. 190.

[5] Ibid.

[6] Simon, Herbert, **Administrative Behavior: A Study of the Decision-making Processes in Administrative Organization**, MacMillan Co., New York, 1945.

[7] Argyris, Chris, pp. 190-91.

[8] Ibid, p. 191.