Stage II:

DIAGNOSIS: FROM PAINS TO PROBLEMS TO OBJECTIVES

The relationship between you and your client is based on an assumption of need. You both believe that something is wrong with the status quo and you both are ready to work for something better. All too often, however, we accept this assumption of need without much further thought because we are eager to move on to "solutions." If you do not take the time to study and understand the current state of the system, your change efforts are likely to be misdirected—and disappointing in the long run. For this reason you and your client should pause, at the beginning of your relationship, and take a careful look at the system around you. This is what we mean by "diagnosis."

Diagnosis is a systematic attempt to understand the present situation. A good diagnosis is a description of the client's problem which includes the essential details of symptoms, history, and possible causes. You will probably begin this diagnostic stage with the client's "pain"—his feeling of need—as the most obvious fact. As you begin to work on diagnosis, however, you help the client to articulate that need: to describe the type of pain, to pinpoint its location, and to recall its origin. When diagnosis is complete, that original need should have been transformed into a defined problem stated in such a way that both you and your client can work rationally on its solution.

Good diagnostic skills are not acquired easily or automatically. The change agent has to learn what questions to ask and he needs to know how to order the facts once he has them so that he can identify patterns and potential underlying causes.* This chapter will not give you these skills, but it may help you to identify the more important questions and to avoid some of the pitfalls.

The chapter has two major sections. The first describes how to make a good diagnosis: it notes the principal questions that should be asked, it suggests how an inventory

*He also needs to know procedures for acquiring diagnostic information. Such procedures will be discussed in STAGE III, Section B-1.

“Often the client system holds well-established, not to say hidebound, views of itself; these views are hard to change, yet they must be changed if any lasting improvement is to occur. Thus much of the change process may consist of interaction between the change agent and the client-system, directed toward a questioning of the client’s self-image and an acceptance of some of the diagnostic insights offered by the change agent.”

Lippitt, Watson and Westley†
of the client system could be taken so that a balanced picture will emerge, and it stresses the need for collaboration with the client. The second section suggests some of the important 
how nots, identifying five common pitfalls encountered by change agents who have tried to work through this stage.

A. HOW DO YOU MAKE A GOOD DIAGNOSIS?

There are three ways to approach a diagnosis. One way is to identify the problems, the things that are wrong. A second way is to identify the opportunities, the areas of strength and maximum potential. Yet a third way is to look at the client as a system, a set of elements that are supposed to work together to achieve some common goal. Each approach is perfectly valid and can serve as an adequate framework for diagnosis, but the best diagnostician probably asks questions in all three categories. He starts with the pain, the need as the client feels it, but he goes on to identify what is right with the client as well as what is wrong, and finally he puts these elements together to make a coherent picture of a total system which has goals and is striving to achieve those goals.

1. Identifying the Problems

Perhaps the most important thing to remember about diagnosis is to beware of the obvious. At the beginning the most obvious “problem” will be the pain or the need that the client says he feels. However, most problems have several layers. The topmost layer is what the physician calls the “patient’s complaint.” It is the initial concern which led the client to seek help. The change agent may choose to work only at this level. He may feel that the client’s initial definition of what is bothering him is a valid and sufficient expression of the real problem. Usually, however, this will not be quite enough, and most change agents would do well to make a brief survey of the surface symptoms. You should therefore ask what other things are wrong: Are there any other indications that the client system has not been functioning the way it should? If the original stated problem was “low achievement test scores in this school,” you may want to ask if there is also evidence of poverty, racial conflict among students, high teacher turnover, and so forth. These different problems should be listed and looked at together to see if they show any common pattern.

When you have assembled these surface symptoms you may want to probe further to get at some of the less obvious factors that lie beneath them. Here you might look for

"If the system is currently in pain or trouble, this in itself may generate defensive obstacles to accurate self-diagnosis. The pain may be so great that attention is riveted upon symptoms; the client’s only clear thought is that the symptoms must be removed. At the same time, both individuals and groups may be afflicted by a motivated inability to see their own responsibility for their pain: it is hard to admit one’s own shortcomings, whether they be simple disabilities or complex expressions of hostility and destructiveness. Moreover, the factors which permitted the system to get into trouble in the first place are still working to sustain the trouble and block alternative courses of action."

Lippitt, Watson and Westley^2
certain attitudes and beliefs on the part of students, parents, teachers, or administrators which led to the outbreak of those symptoms. You may also find that there are features of the learning climate or the structure which breed such surface symptoms. These various second-level elements should be identified and weighed.

At a still deeper level, you may wish to interpret the evidence and infer underlying causes. You might conclude from a thorough analysis of surface symptoms, such as low achievement scores, the second-layer features, such as low classroom involvement and parent indifference. You might go beyond these symptoms to infer that the school is not culturally relevant, that it is not adapted, for example, to the "culture of poverty." Some might go even further to infer that the existing school system is only a manifestation of "white racism," on the one hand, or "genetic inferiority" on the other. Such "depth" interpretations may be valid and valuable in some circumstances, but a change agent should always judge them on two criteria:

Does the interpretation stem from an honest and objective analysis of the available evidence?

Is it useful in helping us understand what sort of solution we should be looking for?

Sometimes an analysis of underlying causes may suggest solutions that would never be apparent at a more superficial level. On the other hand, deep causal interpretations are sometimes quite irrelevant to the search for solutions and can delay constructive work.

As a practicing change agent you may choose to work on any level of problem definition, but you should be aware that there are other levels and that successful problem-solving can proceed from these levels also. Regardless of which level he chooses, the change agent should be sensitive to his client's self-perceptions as well as his willingness and his ability to define the problem on the same level.

2. Identifying the Opportunities

The change agent should avoid an exclusive focus on what is wrong with the client. He should spend some time identifying areas of strength and areas of greatest potential for change. There are sound practical and psychological reasons for adopting this posture. Psychologically, an accent on the positive makes the client feel less defensive and more hopeful that change can be beneficial. Moreover, from a practical point of view, the overall diagnostic picture is made much clearer when the strong points are noted. It shows the

MIKE SENSED A NEED FROM THE PERSONAL PROBLEMS THAT HIS STUDENTS WERE BRINGING TO HIM.

LINDA SENSED A NEED FROM THE STORMS THAT WERE BREWING OUTSIDE HER COMMUNITY AND THE NATIONAL CALL FROM LIBERAL GROUPS TO DO SOMETHING ABOUT WHITE RACISM.

WHEN STEVE SAID THE TEACHERS OF HIS SYSTEM HAD A PROBLEM OF INBREEDING AND DEEPLY ROOTED TRADITIONAL IDEAS, HE WAS MAKING AN INTERPRETATION OF SURFACE SYMPTOMS (WHICH ARE NOT DESCRIBED IN THE CASE REPORT). HOWEVER HE PROBABLY NEEDED TO DO MORE WORK ON COLLABORATIVE DIAGNOSIS WITH THE TEACHERS SO THAT THEY WOULD BE ABLE TO MAKE THE SAME INTERPRETATION.

HENRY'S AGENCY PURPOSELY SOUGHT OUT DISTRICTS WHICH HAD STRENGTH, INTERNAL RESOURCES, AND MOTIVATION TO WORK ON SOCIAL SCIENCE CURRICULUM CHANGE.
client that he can begin his change effort by using his strongest capacities and capitalizing on his areas of greatest potential.

Strengths as well as weaknesses may be identified at various levels and some things that appear to be "problems" on the surface may, in reality, indicate an underlying strength. For example, students from some cultures may resist competition in the classroom (a surface problem) because they are holding fast to cultural norms of group solidarity (a potential underlying strength). Likewise the "resistance" of students to classroom teachers of different races (a surface problem) may signify growing racial pride and a desire for independence and self-initiative (potential underlying strengths).

The change agent should take special note of the history of the client system in coping with problems. Sometimes a school or a community which seems hopelessly disorganized and strife-torn will reveal surprising resiliency and competence in coping with difficulties in certain areas at certain times. These areas and times should be noted and recorded in the diagnosis.

Internal analysis is not the only way to define opportunities for change. Sometimes the comparison to other systems gives the client ideas about what he needs and what he can do. For example, the awareness of an innovation which has been successful elsewhere will often induce an awareness of need and create the motivation for change. Outside innovations are sometimes suggestive of inside opportunities and in this sense they create needs. Furthermore, outside systems which appear to be successful and innovative also provide a comparative yardstick against which the client may measure his own performance.

3. Understanding the Client as a System

A long listing of problems and opportunities is not enough to give us a clear picture of the whole man or the whole organization. That is why we use the word "system" in describing the client. The change agent should try to see the client as a number of people and groups who are interrelated and at least partly interdependent, trying to work together to achieve some common goals. Usually in education these goals are not very clearly spelled out, but they are there, nevertheless, and when members of the client system sit down together to talk about their goals, they are usually able to arrive at a consensus on what their major goals are. This is a useful exercise and can be used by the change agent as a first step in getting clients to think clearly and diagnostically about their problems.

"It is useful to visualize a system by drawing a large circle. We place elements, parts, variables, inside the circle as components, and draw lines among the components. The lines may be thought of as rubber bands or springs, which stretch or contract as the forces increase or decrease. Outside the circle is the environment, where we place all other factors which impinge upon the system."

Chin
With the goals clearly in mind the change agent and the client can begin to define the kinds of activities which have to be included and coordinated to achieve those goals. They can start by looking at their “system” as it exists today, and ask themselves if this “system” really achieves these goals. Let us illustrate this by a very simple diagram of a system.

Although the diagram is greatly oversimplified, it does show the major elements that should be considered in a systematic diagnosis. First of all, it shows the goals as desired “outputs,” or products which are generated by the system and dispensed to the greater community. The prime output of an educational system is an educated citizen, a graduate.

Secondly, it shows us a process through which the goals are achieved, namely a “learning environment.” This learning environment, in turn, is created and sustained by people and resources within the system in addition to some from outside. Three social groups work together to keep this system going: the administration, the teachers, and the students.

Thirdly, the diagram shows the system being supplied with a continuous flow of new “inputs” from the greater environment: new ideas, new teachers, new students, and

“The classroom teacher is not an independent professional, much inspirational literature to the contrary notwithstanding. He is instead one member of the staff of a stable institution. His behavior reflects his position.”

Brickell

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new materials. These inputs are the fuel which allows the system to keep functioning.

With the help of the diagram we can begin to spell out the critical diagnostic questions which emerge from a view of the client as a system. At the broadest level we can ask if this diagram accurately represents the major existing elements (e.g., have we forgotten to include the counselors as a separate element on the staff side, or the black students as a separate subculture among students?). Then we can ask if these elements are sufficient for making a system which will achieve the client's stated goals.

Are additional elements needed? Are there some elements that are incomplete? ... under-supplied? ... overloaded?

Another set of questions could be addressed to the inputs:

Are there enough inputs?
Are the inputs provided in the right proportions?
Do the inputs come in a form in which they can be used?

A third set of questions may be addressed to the internal dynamics of the system:

Are the three major subsystems really working together?
Are the student, teachers, and administrators adequately coordinated?
Do they have a clear idea of what their respective roles and functions are?
Are they able to communicate freely with one another?
Do they trust one another?

Finally, this system view suggests a fourth set of diagnostic questions pertaining to the boundaries of the system. As noted by the shaded area in the diagram, a system needs to be separated from the greater culture; it needs to be protected from continuous interruption and interference from outsiders so that it can fulfill its objectives smoothly and regularly. These boundaries or barriers must be partly closed but partly open. They should be designed to prevent some kinds of inputs from interfering with the system, but they must also allow responsiveness to valid needs of the greater culture. Barriers must also be designed to let in needed inputs in sufficient quantity to keep the internal system fully supplied.

"Given the intersystem nature of the school, long-lasting innovations may require... not only system-wide involvement in the change process, but also careful work on linkages among the system, other socialization agencies, and other key community groups."

Miles
Therefore, our diagnostic inquiry should include full consideration of these barriers.

Is the system adequately protected?
Can it defend itself against attack or exploitation?*
Conversely, does it get enough stimulation from outside?
Does the school get resupplied by skilled and well-trained teachers?
Does it have a continuous influx of motivated students?
Is it able to acquire enough new materials and new ideas?

This discussion of the client as a system is not a sufficient basis for a full systemic diagnosis, but hopefully it has given you the idea of what we mean by "system." Most change agents will have their own favorite way to describe the functioning of their client and, as we have noted previously, several different approaches are probably valid and useful. The important thing is to look at the client as a totality, a functioning organism whose parts have a definable and meaningful relationship to one another.

4. Making a Diagnostic Inventory

In this chapter we have been talking about the kinds of questions that go into a good diagnosis. In this section we would like to get a little more concrete in suggesting how you might build an inventory of the salient diagnostic facts about your client. This should help you to be as systematic and specific as you can be in your diagnostic strategy.

At a minimum there are five questions that should always be asked and answered as part of a good diagnostic inventory:

a. WHAT ARE THE SYSTEM’S GOALS?
b. IS THERE AN ADEQUATE STRUCTURE FOR ACHIEVING THESE GOALS?
c. IS THERE OPENNESS IN COMMUNICATIONS?
d. DOES THE SYSTEM HAVE THE CAPACITIES NECESSARY TO ACHIEVE ITS STATED GOALS?
e. DOES THE SYSTEM REWARD ITS MEMBERS FOR WORKING TOWARDS ITS STATED GOALS?

*Many observers have commented on the extreme vulnerability of school systems to community pressures.

"The practitioner must open his eyes to the possibility that the nature of the power system with which he is dealing is not like some popular textbooks have described it. He can describe the system for himself by active observation of decision making in the system and by seeking the observations of others about the system. What have been the significant political, economic, and social decisions within recent years? What decisions currently being made seem to have the greatest importance in the system? Who are the persons in the system who have bad and are presently exerting the greatest influence in these decisions? How do these influentials and other leaders work together or in competition? What are the major formal and informal subsystems in the system? What is the level of citizen participation (that is, broad, narrow, etc.) in these decisions and how is this participation manifested? Are the beliefs of the influentials and other leaders and citizens characteristically liberal, moderate, conservative? What are the critical norms in the system concerning how a leader should use his power to influence the system? What are the latent sources of power (such as, executives and workers of absentee owned corporations, teachers) that could become active in the structure? Leaders in different sectors of community living in the system have tried to answer these questions. Some of them will share this information if the school leaders will seek it."

Kimbrough
These five questions can form the core of an inventory. Each question might be written at the top of a sheet of paper and underneath could be listed the related problems and opportunities which are emerging in the client system you are working with. Each question defines an area of diagnostic inquiry within which several additional questions should be investigated. Below, we consider each in more detail.

**Question A: What are the goals?**

1. Are the goals clear to both the leaders and members?
2. Is there consensus on goals?
3. Are members fully satisfied that the stated goals are adequate?
4. Have leaders and members sat down to discuss what their goals are and what their goals should be?
5. Are the goals flexible? Are they able to change with changing times and circumstances?

**Question B: Is there an adequate structure for achieving these goals?**

1. Is there an adequate division of labor?
2. Do members have a clear understanding of what they are supposed to be doing in the system? (Job clarity and role clarity.)
3. Do the different jobs and roles fit together as elements of a system for achieving goals?
4. Are some of the elements necessary to make the client work as a system missing?
5. Are there weak elements? (i.e., are some overloaded and others underused?)
6. Are existing elements adequately coordinated?
7. Is the structure flexible? Can it be changed to meet new conditions?

**Question C: Is there openness in communication?**

1. Are major subgroups within the system (teachers, administrators, students) able to talk to one another? Can they express their feelings and exchange ideas freely back and forth?

“Communication is defined as the sum total of information about feelings, attitudes, and wishes, transmitted directly and indirectly, consciously and unconsciously. Whenever social equilibrium is upset, communication occurs. It is
(2) Are members of the system open to new ideas from within? Do they actively seek such ideas?

(3) Are they open to new ideas from outside (e.g., universities, consultants, other systems)? Do they actively seek these outside sources?

Question D: Do they have the necessary capacities?

(1) Does the system have (or can it muster) the needed resources in:
   - people?
   - time?
   - money?
   - materials?
   - facilities?

(2) Does the staff have the necessary skills:
   - Can the system train the people they have?
   - Can the system recruit the type of people they need?

Question E: Does the system reward its members for working toward its stated goals?

(1) Are the students rewarded:
   - for learning?
   - for contributing to the learning process?

(2) Are the teachers rewarded:
   - for innovating?
   - for learning?
   - for contributing to the learning process?
   - for working collaboratively with students and administrators to keep the system going and to improve the system?

(3) Are the administrators rewarded:
   - for innovating?
   - for learning?
   - for being open to students and teachers?

(4) Are the rewards that people get reliable and predictable?

(5) Do the rewards that people get come soon enough to be associated with their behavior?

(6) Are the rewards required by individuals and subgroups compatible with and supportive of the overall goals of the system?

the means, therefore, by which a system takes corrective action in the presence of difficulty; obviously, communication is essential if the source of difficulty is to be diagnosed. In a hierarchical structure, communication must proceed both ways, up and down. Upward communication can be effective only when the bottom and middle are free from any sense of intimidation and when the top accepts and even seeks communication from below.”

Lippitt, Watson and Westley

Teachers in Steve’s system should have been rewarded with release time during working hours rather than being asked to give up evenings and Saturdays.

Understandably, Linda wanted innovation “now” so she could benefit from it while still a student. The impatience of students with the speed of reform in schools and universities may be traceable to this concern for personal benefit.
With a list of questions such as those enumerated above, you can make a diagnostic inventory that should be of help to you and your client throughout the change process. It is not important that your list include all these questions, but it is important that you make some effort to identify and record what seem to be salient facts in each of these five general areas so that you can have a profile of the system as a whole in addition to a list of specific “problems.” It is only when you have such a profile that you will be able to start making judgments about priorities for change effort. Later this inventory should also serve you and your client as a base line against which progress can be measured.

5. **Collaborating on Diagnosis**

The change agent should not assume the task of diagnosis as his own personal responsibility. Much of what has been said in the previous section points to the importance of involving the client in the diagnosis of his own problems. Having the client’s participation in the decision-making and planning of the change process from this stage onward is an important prerequisite for his later adoption of the innovation. At the very least, you should work collaboratively so that your perceptions of problems and needs are shared by the client. At best, you should provide guidance while the client makes his own diagnosis so that the findings are acceptable by virtue of being his own conclusions.

B. **HOW NOT TO MAKE A DIAGNOSIS: SOME PITFALLS**

If you do decide to undertake a diagnosis before going further in suggesting and making changes, you should be aware of some of the special problems which you can get into. Although diagnosis is an important and worthwhile step in the change process, it can be a trap for the change agent if it is not handled properly. In this section, we have identified five patterns which the change agent should be careful to avoid. They are:

1. **TOO MUCH DIAGNOSIS.**
2. **DIAGNOSIS AS A PATTERN OF AVOIDANCE.**
3. **USING DIAGNOSIS FOR Destructive Confrontation.**
4. **IMPOSING YOUR OWN FAVORITE DIAGNOSIS.**
5. **FIRE FIGHTING.**

We will devote a brief paragraph to each of these points.
1. **Too Much Diagnosis**

Sometimes the change agent may get stuck on diagnosis, using up most of his time and energy just in the process of defining the problem. This is not only wasteful, but may have very negative side effects. For example, the client may begin to feel so overwhelmed by the number of problems coming to light that he cannot take constructive action. On the one hand, he may be overcome by the hopelessness of his situation and on the other he may become unduly defensive. In the preceding section we suggested a systematic and comprehensive approach to diagnosis, but this does not mean you must be *exhaustive*. On most questions you will have to be satisfied with sketchy and partial answers; your diagnosis may not get you an “A” in survey research but that is not your purpose. The diagnosis should merely be adequate for giving you a good general picture of the client’s situation.

“The change agent must become a ‘probability expert.’ He should be a gambling man, who eschews ‘sure bets’ and ‘long shots’ simultaneously. But, like a professional gambler, he should seek the bets that give him a probability edge over chance. This is the best he can do in the immediately confronting problem.”

*Bennis, Benne and Chin*\(^9\)

2. **Diagnosis as a Pattern of Avoidance**

Diagnostic studies can be used by a client as a way of stalling or putting off needed changes. The call for “further study” is a familiar form of brush-off. Change-minded members of the client system may therefore be understandably restless and suspicious of prolonged diagnostic activity by the change agent. The change agent should not only get to it, he should also get through it and move on to the other steps in the change process.

3. **Using Diagnosis for Destructive Confrontation**

His perception of serious defects and urgent problems may impel the change agent to speak to his client in very blunt terms. He may do this as a deliberate attempt to unfreeze the client, to shock him into awareness of his needs and the necessity of change. If you pursue such a strategy, you should realize what the consequences could be. You should, above all, have a good estimate of *how much your client can take*. The biggest danger is that such a confrontation will destroy the relationship which you have with your client. If the client rejects you completely because he cannot accept your drastic diagnosis, then all your labors may be lost.

Even when the change agent does not intend a confrontation he should be aware of the negative power of the information he is gathering. It may make the client feel stupid, childish, naive, or incompetent. Such self-images will
not give him the motivation to change. Therefore, the form and timing of diagnostic presentations is critical. Too much bad news too suddenly is a circumstance to be avoided. As noted earlier, diagnostic analysis should include positive information as well as negative and should be cast in a constructive form which makes it amenable to solutions and encourages the belief that solutions are possible.

On the other hand, if the client can accept confrontation, he may come to respect your honesty and may be moved to work more actively with you to bring about change. The use or avoidance of a strategy of confrontation is a difficult matter to resolve; it is a dilemma which illustrates the importance of assessing the basic strengths of your client as well as his weaknesses.

4. Imposing Your Own Favorite Diagnosis

It is very difficult for an expert in one particular area to be truly objective in his diagnostic approach. Most of us tend to see our own specialty as the important area. If our skills are in the area of human relations training, for example, we will be more inclined to see a client’s problems as human relations problems; if our skills are in the area of systems engineering we are likely to see the client’s problems mostly in terms of planning; if we are curriculum specialists we will see problems primarily in terms of course content. We all have these professional blinders and it is natural and inevitable that we do. However, the change agent specialist, even if he sees his role as that of a solution giver rather than a process helper (see pages 8 and 9), should be aware of his limited perspective and should consciously make an effort to avoid imposing his favorite diagnosis on the client.

5. Fire Fighting

Finally, the change agent should avoid falling into the opposite trap of attending only to those problems which the client sees as immediate and important. Meaningful and lasting changes are more likely to come about if they are based on careful planning from a well-rounded and reasonably comprehensive diagnosis. Many clients, however, may not appreciate this fact initially; they may see their problems as fires that have to be put out now before anything else is done, and they may want to cast you in the role of fireman. Sometimes you may have to accept such a role briefly if only to prove that you are somebody who is useful, but it is a potential trap. In the long run, fire fighting is a waste of your

“...The diagnostic orientation of the change agent is in many ways a self-fulfilling prediction. If he looks for difficulties in communication, for instance, he will find them, and if his help is directed toward improving communication patterns, success will demonstrate to the client system that a solution of communication problems necessarily results in a more satisfactory state of affairs... The orientation of the change agent is a primary factor in determining the ‘facts’ which the client system will discover to be true about its own situation.”

Lippitt, Watson and Westley

STEVE WAS ASSUMING THAT THE IN-SERVICE TRAINING NEEDS OF HIS SYSTEM’S PERSONNEL WERE RELATED TO THEIR PERCEPTIONS OF SELF AND OF OTHERS IN HIS CONVICTED THAT “THE WAY TO GO WAS THROUGH SENSITIVITY TRAINING.” WAS STEVE IMPOSING HIS OWN FAVORITE DIAGNOSIS?

FROM LINDA’S POINT OF VIEW THE BLACK STUDIES PROGRAM THAT WAS ADOPTED WAS A RESULT OF SUCH “FIRE FIGHTING.” THE ADMINISTRA-
energy and your client's resources, for it rarely precipitates real and lasting change.*

SUMMARY

In STAGE II we have tried to spell out the major considerations that should help in formulating a diagnosis. The key points are these:

(1) Above all, make some kind of diagnosis. Try to find out what the client needs before you charge in with "solutions."
(2) Identify and list the obvious symptoms as stated or presented by the client.
(3) Look for second-level symptoms which may underlie the obvious ones.
(4) Infer underlying causes when you see patterns of symptoms but do not assume them when you lack sufficient evidence.
(5) Identify opportunities and strengths as well as problems and weaknesses.
(6) Look at your client group as a "system" and construct a diagnostic inventory from a systemic viewpoint.
(7) Work with your client to establish meaningful, obtainable, and measurable objectives.
(8) Try to get maximum participation from members of the client system in the diagnostic process.

And finally
(9) Always consider the impact of diagnostic information on your relationship with the client. Even if you must confront the client with unpleasant facts about himself, try to do it constructively, not destructively, stressing the benefits of changing rather than the horrors of his present state, and using specifics, not general and sweeping indictments.

*In reading this section a few of our reviewers thought that a case could be made for fire fighting as a means of building relationships with clients and testing out innovations in new areas. Conservative communities like Steve's may not be open to comprehensive innovations until they can see the change agent as a successful fire fighter.