
The Counsellor, the Agency, and Organization Development

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Abstract

Counselling process and skills can be adapted to Organization development (OD) and some counsellors may act as organization change agents. However counselling skills in and of themselves are not sufficient in undertaking comprehensive OD interventions. In fact bringing about change in a large and complicated counselling agency or mental health centre is a complex intervention requiring additional skills and knowledge on the part of both the counsellor and the industrial-oriented OD specialist. This paper proposes theory and practice changes for applying Organization development to counselling and other human service organizations.

Résumé

Les processus et les méthodes de counseling peuvent s'appliquer au développement de l'organisation (OD) et certains conseillers peuvent jouer le rôle d'agents pour le changement de l'organisation. Toutefois, les méthodes de counseling par elles-mêmes ne suffisent pas à des interventions complètes de développement d'une organisation. En fait, la mise en place de changements dans une agence de counseling importante et complexe, ou dans un grand centre de santé mentale, représente une intervention compliquée que nécessite des connaissances supplémentaires de la part du conseiller et du spécialiste en OD industriel. Le présent article avance des changements théoriques et pratiques visant à appliquer le développement de l'organisation au counseling et à d'autres organisations de services personnels.

Organization development (OD) is a comprehensive framework of theory, process, technology, and values used to bring about change in organizations. Organization consultants, or intervenors, want to effect organization improvement, facilitate greater organizational competence, and help bring about greater organizational effectiveness (French & Bell, 1984). Roberts (1983) stated that both counselling and organizational consulting have at least three factors in common. Both start from the assumption that the client is competent; that there is usually a discrepancy between what is happening and what could be happening; and both are involved in deliberate change for improved functioning. The purposes of this article are to describe some of the OD roles in which counsellors occasionally find themselves, illustrate a number of difficulties encountered by counsellors who take on OD responsibilities, and also to suggest a perspective that may help counsellors work more effectively in OD roles.

When counsellors work with organizations it is often because of their success with individual clients. Goodstein (1972) described how mental health workers, for example, became drawn into a community and organization focus which went beyond their traditional focus on indivi-

duals. As the workers obtained some degree of success in meeting the initial needs of personnel from different agencies, the nature of the consultation request subtly changed and broadened. Police agency clients raised questions about improving their relationships with the minority community. Social service agency clients became interested in evaluating the impact of their operations more generally. A rehabilitation centre questioned how the functioning of its staff could be upgraded by in-service training. Counsellors were being asked to act as organizational consultants to complex social systems.

Counsellors who work with organizations in the area of stress and burnout realize stress may be caused by the work environment itself. When counsellors attempt to address organization-caused stress, they may become involved in organization change. Similarly, counsellors working with employee assistance programs, or career development programs within organizations, might be asked to expand their role and become involved in organizational change. Other consultants originally advising on affirmative action programs or outplacement counselling have occasionally ended up broadening their work to include some aspects of the functioning of the entire agency.

At times counsellors will seek change within their own agencies. Nejedlo, Wood, Drake and Weissberg (1977) reported on changes they initiated at the counseling centre at Northern Illinois University. They successfully moved from a remedial role with an emphasis on personal and career counselling to a broader model that included remedial services, but which emphasized developmental and preventive counselling interventions. A similar process was undertaken successfully at the counseling centre at the University of Georgia (Weissberg, 1984; Rosen, Weissberg, Breme & Moore, 1985).

Characteristics of Counselling and Other Human Service Agencies

Even though there are numerous similarities between counselling and organizational development, significant differences developed as they evolved. OD became applied and modified in the business-industrial setting. This early developmental history has made OD different from counselling, and has implications for its application to human service and counselling agencies. In contrast with business and industrial organizations social service agencies appear to lack clarity of purpose. Golembiewski (1985) discussed the unavailability of a reliable compass to steer with when dealing with most public sector organizations. Kouzes and Mico (1979) made reference to "loosely coupled" organizations and to "organized anarchies." "Doing good work" and "serving our clients" are not considered as very clear or measurable goals, according to Goodstein (1978).

Another problem with human service organizations (HSOs) is their sheer complexity. Many are characterized by an almost incomprehen-

sible mix of clients, programs, professionals and government guidelines (Martinko & Tochinski, 1982). Clifford and Sherman (1983) suggested that the dynamics of human service organizations have become so complex that they outstrip traditional management approaches to decision making in all areas. Goodstein (1978) referred to this as a problem involving a lack of task-differentiated units. He cited an example of a mental health agency which was encountering uncertainty about whether its primary role should be concerned with direct treatment, consulting with schools, training paraprofessionals, or with other tasks.

Referring to medical centres, McClure (1985) indicated that they simply do not have the formal characteristics of industrial firms. Consultants are confronted with a complex and uncertain system into which they must enter (Rubin, Plovnik, & Fry, 1974). This complexity often comes from external sources. Golembiewski (1979) referred to this as a pervasive "multi-leveledness," "loosely coupled" or "underbound." Weisbord (1978) used the concept of input- versus output-focused organizations to describe the special kinds of problems faced by human service organizations. OD works better in output-focused, cohesive organizations. This is because there is formal authority, concrete goals, task interdependence and performance measures. In fact, Weisbord (1978) was quite pessimistic about OD success in the input organizations such as counselling centres. He maintained that if one wanted to humanize the performance of work, that person would "not look to social-work agencies, mental health centers, or university departments of humanities"; but instead think of "cardboard-box factories," "chemical companies," and "pet food plants" (p. 23).

Rubin, Plovnick, & Fry (1974) argued that the power structure and human interrelationships in community health centres are "ambiguous, diffuse, and generally highly strained and conflicting" (p. 116). The task differences of the mental health setting; such as chemotherapy, psychotherapy, and occupational therapy, as well as differences in the treatment modes; such as psychoanalysis, behaviour therapy, and client-centred therapy, also contribute to organizational differences (Fairweather, Sanders, & Tornatsky, 1974).

This "vagueness of structure" was highlighted by Burke (1982) when describing two students training to become OD specialists. Both were consulting with an organization doing youth crisis work via telephone hot lines. They found a "don't hassle" norm which prevented problems from being addressed because each volunteer was left to do his or her own thing. When this norm was examined and then replaced by two new norms (it was okay to disagree with one another and to hold one another accountable for jobs that needed to be done) the organization functioned at a considerably improved level.

Counsellors can often deliver services without the need for collabora-

tion, and are less involved or less required to be interested in each other's work. As Weisbord (1978) indicated, collaboration is possible, but not essential. There is little to collaborate on in terms of service to any particular client and the incentives for joint rational problem solving are low. Once in an agency, many counsellors would prefer to minimize their involvement in administrative and organization matters. Rubin, Plovnick, and Fry (1974) saw that a major reason for low involvement in organization change was the training and education of health workers and their preference for practice over administrative activities. In an organizational case study, Mandell and Zacker (1977) found that mental health counsellors expected their chief administrator to bear the burden of the struggle with the municipal administrators and to shield them from outside bureaucratic forces so that they could function with minimal external constraint.

Another variable element of counselling and other human service agencies is the way in which conflict is handled or not handled. Nachmias (1982) put it succinctly when he stated "that the very objectives of public administration—efficiency, economy, and good management—were believed to be incompatible with conflict" (p. 283). Goodstein (1978) saw this as the belief that professional people ought to be able to "get along." In practice, this means that differences between people and groups rarely surface, and conflict is managed by denial and compromise rather than by confrontation or the acceptance of the need for working out differences.

A danger for mental health agencies is their use of a clinical approach to agency management. Moosbrucker (1983) described a manager whose style consisted primarily of listening to, reflecting, and interpreting feelings, but not acting on what was said. Moosbrucker concluded that "this situation is a good example of how the expression of feelings for their own sake, so valued in the therapeutic process, can be dysfunctional in an organizational setting" (p. 54). These types of problems can be exaggerated in some mental health settings controlled by physicians or psychiatrists. The attitudes and values of the professional physician predominate in these organizations and may inhibit any change efforts. Rubin, Plovnick, and Fry (1974) saw this domination in the use of the medical model and the curative, crisis oriented mode of operation. Having reviewed physicians' training and status, Weisbord (1978) cited the example of a medical-centre retreat where two physicians walked out on a participative exercise in future planning, saying it was a waste of their valuable time to discuss such matters with students and nurses.

Finally, the interest of helpers in being helped is another aspect to be aware of when attempting to help to bring about change in a counselling or human service organization. Rubin, Plovnick, and Fry (1974) labelled this as "who is helping whom." Few people feel particularly comfortable in the "one-down" position of a client. They fight, resist, and are

hesitant to own up to the fact that they may need help. “Nothing has more built in defensiveness potential than one helper’s telling another he thinks he can help him!” (p. 118).

DOMAIN THEORY

One of the conceptual frameworks useful for understanding organizational behaviour in counselling organizations is domain theory, developed by Kouzes and Mico (1979). They suggest that the behaviour of human services organizations is based on a fundamentally different paradigm than industrial organizations and this necessitates both a new organizational theory and a different OD practice. The dominant (industry) paradigm is characterized by its focus on management as the rationalizing force in organizations. These organizations have one purpose or point of view. HSOs are comprised of three domains — the policy domain, the management domain, and the service domain — each of which functions by a separate set of governing principles, structural arrangements, success measures, and each domain develops its own legitimizing norms which contrast with the norms of the others. “The result of the interactions of these domains is an organization that is internally disjunctive and discordant” (Kouzes & Mico, 1979, p. 456).

Each domain follows different norms, and these norms often legitimize incompatible behaviours. In the policy domain success is measured in terms of equity; that is, impartial, fair, and just, policy decisions. Policy decisions are reached by negotiation, bargaining and voting. People are expected to publicly disagree. However, conformity to rules and procedures is frequently a norm of the management domain. This “technocratic bureaucracy” paradigm attempts to mirror the model of business and industrial management. Management principles are hierarchical control and co-ordination. Linear work modes are imported or adapted to rationalize the organization. Success measures are cost efficiency and effectiveness, and bureaucracy is considered its rightful structure. In turn, this contrasts with the service domain’s self-seen right to control “professional” functions. Those who provide service to clients, after years of schooling, are professionals capable of self-governance, who know how to respond to the needs of their clients. Principles of autonomy and self-regulation govern the service domain. Quality of counselling and professional standards are the preferred criteria for measuring success. These quality standards are related to process, not product.

Behaviours acceptable to one domain are unacceptable to the other. When they cannot agree on the expected and acceptable behaviours, a lack of cohesiveness is experienced. The domains then tend “to reinforce and instill the normative behaviours acceptable to their singular pursuits” (Kouzes & Mico, 1974, p. 459) and they tend to extinguish or discourage the incompatible behaviours. Tension and conflict are almost inevitable as each domain struggles to maintain its integrity and

seeks to balance the power in the system. The domains often find themselves in a struggle for control of an HSO. Thus these domains or three cultures within one organization present unique problems for the intervenor.

DIFFERENT OD APPROACHES FOR COUNSELLING ORGANIZATIONS

In light of the special situation being faced by counselling agencies, what types of organizational development interventions would be appropriate? The first general area seems to be the need for a different conceptual model. This broad conceptual model should assist in diagnosis (Martinko & Tolchinsky, 1982; Kouzes & Mico, 1979), and deal with the organization as a system as opposed to specific units or individuals (Moosbrucker, 1983). The OD intervenor must work "betwixt and between" the political roles and the professional roles (Golembiewski, 1985). Tichy (1978) recommended a focus on the strategic area, especially the mission/strategy component and Weisbord (1978) urged the intervenor in human service organizations to find "the superordinate goals that create incentives for people to work together" (p. 25). Part of this goal search should include helping organizational members to make choices about whether they wish to collaborate, and, if so, towards which ends. On which goals can these multilevel agency members agree and how committed are they to the broad organizational goals? Kouzes and Mico (1978) implied that the three domains in a human service organization be assisted in developing shared purposes. One intervention for doing this would be to create a "temporary domain" which would step outside of the different conflicting goals and seek joint endeavour.

Since one of the problems in larger counselling institutions could be the lack of clearly defined authority, some clarification of roles would seem necessary. Moosbrucker's (1983) case study found that management roles had no clear authority and often were carried out in conjunction with a line function of seeing clients for psychotherapy. Management authority was based on prior education and credentials; that is, only M.D.s and Ph.D.s could supervise, others must be supervised. For OD success in this case, new organizational roles were created, "independent of the line function of psychotherapy" (p. 56). Balk (1978) maintained that one clear lesson was "to color within the lines" (p. 452); meaning that, the organization structure demands the clear assignment and use of authority in conjunction with clear responsibility.

To accomplish role clarification and change in roles for organizational benefits, a modified type of team building and intergroup conflict resolution are still seen by some as useful interventions in human service organizations. Burke (1980) recommended autonomous (or semi-autonomous) work groups and quality control circles as modest change interventions. Moosbrucker (1983) saw management teams as useful, in

that they involved more people in the decision making and cut across role groups.

Golembiewski and Eddy (1978) proposed role negotiation as a fairly safe means of resolving role issues. This approach, developed by Harrison (1978), intervenes directly in the relationship of power, authority, and influence, within the organization and avoids emotional confrontations. Kouzes and Miko (1979) recommended a more proactive and prescriptive approach where OD consultants work closely with management to help them cope with their job stress. Increasing awareness that conflict is a natural consequence of separate domains and not the result of mismanagement is a helpful approach. Negotiation training and strategic planning assistance for managers were also recommended. Moosbrucker (1983) found that a useful approach was teaching agency personnel the principles of organizational behaviour. More "third party interventions" and "coaching" could also be used (Golembiewski, 1979).

Weisbord (1978) mentioned direct assistance, such as helping people in authority to assert and test the limits of their mandates, articulate goals for their organization, and measure, evaluate and reward or punish for performance. On some occasions it is appropriate for the intervenor to be less neutral and engage in more personal risk-taking (Golembiewski, 1979). Tichy (1978) recommended "conceptual training sessions" with administrators and the creation of a management development task force to help alter and improve the management function. Rubin, Plovnick, and Fry (1974) indicated that when working with physicians in a medical centre, OD consultants should get involved in the day-to-day management of change by playing the expert role, writing a prescription for change, suggesting who should be involved in a decision, offering options and calling as well as chairing meetings.

CONCLUSION

If persons engaged in organization development are to have a chance of being successful in their change efforts then they must have an understanding of the special dynamics of counselling and mental health organizations. They must use this new framework as a base from which to try interventions and technologies that are more likely to be effective with the unique culture, orientation and domains of such organizations.

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