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Solving That Problem That's Plagued You Forever

Most problems remain unsolved, not because of Ignorance but rather because of inertia (resistance to change) when we over-estimate the cost or Risk of Change or underestimate the benefits of change.

A new method – the ProConCloud – provides a possible fast track to identify and challenge those limiting assumptions that can cause avoidable decision mistakes within our lives, organizations, and society.

By Alan Barnard, PhD

Why can't you lose that extra weight? Multitasking? End a dead-end relationship? Achieve your New Year's resolutions?

Why can't organizations stop silo-thinking and local optimization? Why can't they overcome resistance to change? Stop management from fire-fighting and multitasking when it just makes things worse? These are what researchers call 'chronic problems': the undesirable behaviors and effects that plague individuals and organizations for years, won't go away by themselves, and, over time, causes stress, disharmony, lowering of expectations, and creating a perception that they are unsolvable.

Some chronic problems might be unsolvable because we simply do not (yet) understand their underlying causes and/or possible cures. However, a large percentage of chronic problems remain, despite proven knowledge about their negative consequences on all stakeholders, their reason (s), and the required changes to solve or substantially reduce their impact. Therefore, when failures are not due to a lack of relevant knowledge about the causes or cures, but rather a lack of acceptance of and/or proper application of available knowledge, it is a failure of change management rather than a failure in problem-solving.

The Chronic problem of dealing with Chronic problems

As a recognized discipline, change management has been in existence for over half a century. Yet despite the considerable investment that companies and individuals have made in change management tools, training, coaching, and self-help books (well over 100,000 on Amazon), most studies still show a 60-70% failure rate for organizational change projects — a statistic that has stayed constant from the 1970s to the present¹. Furthermore, when we look at the failure rate of our personal change initiatives, such as our failure rate in achieving our "New Year's Resolutions," the situation is even more dire — studies show a failure rate of 80-90%.

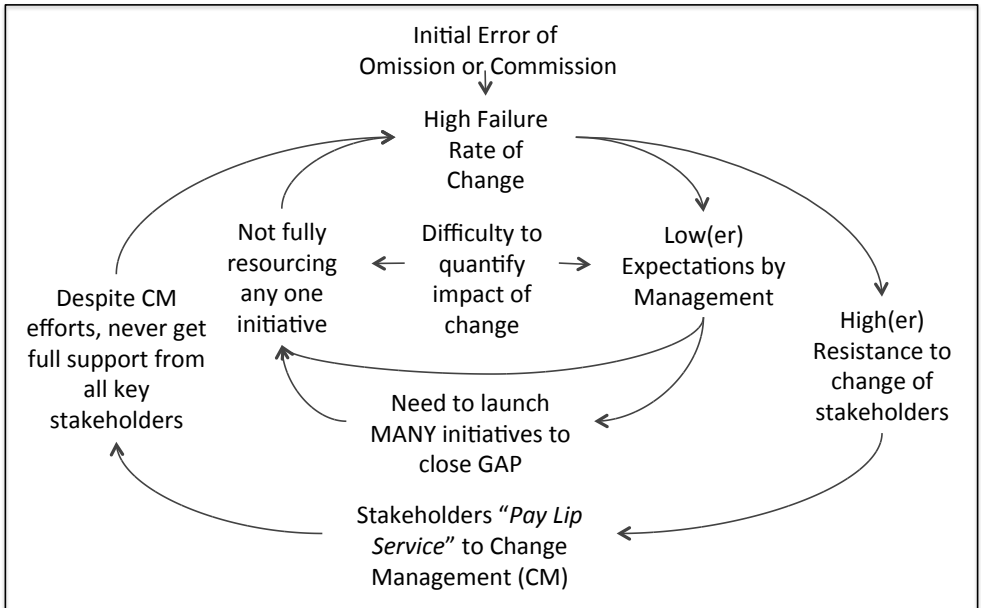
None of us expect a 100% success rate, but surely it should be at least theoretically possible to (substantially) improve on the current 30-40% success rate? Agree? If so, what is stopping a significant breakthrough in this field, and are any of these causes avoidable?

Whenever we see such significant failure rates, there is likely some vicious cycle at work where actions are taken to correct a situation that has the opposite effect. The following section provides insights into the malicious processes seen in many organizations that are not improving at the desired rate or within those that no longer exist (i.e., the ones that experienced catastrophic failures).

^{1 1} Ashkenas, Ron, Change Management needs Change, HBR Blog Network, April 16, 2013

When a specific behavior is both a consequence and a cause, it means the system is likely to be stuck in a vicious cycle (Senge 1990), such as shown in Figure 15-3 below. The higher the failure rate, the higher the resistance and the lower stakeholders' expectations. And the higher the resistance and the lower the expectations, the more likely those necessary changes will be blocked and/or that necessary changes will not receive the full support and resources needed to make them a success, which again increases the probability of failure. Over time, a vicious cycle such as this stabilizes, and soon those trapped within the cycle conclude that a response of "it will never work" is a safer response than embracing new changes or that simply, considering the complexity and uncertainties within their system, this (high failure rate) is probably the best they can do.

This fear related to the high failure rate of changes can also explain why changes that focus on local cost, waste, or process variation reduction (low-leverage changes) are more likely to be supported since they are perceived to be lower risk and more certain. In contrast, high-leverage changes that focus on "changing the rules" are less likely to be supported since they are considered to be high risk and less certain.



Unfortunately, the high reported failure rate has resulted in change management approaches evolving to become more and more complex – having more and more steps and checks to ensure all stakeholders are included – which add time to implementing changes and puts a significant burden on management attention. These are likely major contributors to why the

success rate has not improved substantially over time. What is needed is not a more complex solution, but one that is simpler, faster, and requires less of the scarcest resources of the organization – management attention – to implement and sustain.

This paper aims to offer new insights on why it's so hard to improve the success rate of organizational and personal change and introduces a new process, called the ProConCloud, which targets directly the five most common mistakes that contribute to the chronic problem of overcoming chronic problems that require behavior change.

The ProConCloud builds on the ground-breaking work of giants such as Benjamin Franklin, Dr. Daniel Kahneman, Dr. Barry Johnson, Dr. Robert Kegan, and Dr. Eli Goldratt. Through extensive field testing over the past five years, it has shown to be effective in helping people identify and challenge the limiting assumptions blocking them or others from solving chronic problems and/or making the desired behavioral changes needed within their organizations or personal lives.

Is it possible to develop a simpler, faster change management process with a potentially higher success rate that can be applied without major external guidance and/or demand on management attention?

Chronic problems and their underlying causes

Chronic problems are those types of problems within our lives, organizations, and society we're consistently unable to solve, despite our best efforts. In the 1970s, the philosophers Samuel Gorovitz and Alasdair MacIntyre published an article² on medical fallibility. They sought to develop a theory that could increase our understanding of why medical errors occur, to help distinguish between intentional (culpable) and unintentional (innocent) errors and recommend more rational responses to medical errors that can result in harm and claims of guilt, compensation or sanction. Anul Gawande quoted this study answering a wider question - 'Why do we fail at what they set out to do in the world?' The authors claimed that one reason why medical doctors make medical errors was "necessary fallibility" – some things we want to do are simply beyond our capacity. However, for all the many areas where we can solve problems and achieve other desired goals, Gorovitz and MacIntyre cite two reasons why we nonetheless fail. They claimed that the traditional classification of the causes of such "medical errors" are either due to the limitations of the present state of that science – i.e., due to Ignorance - or from the willfulness or negligence of the medical doctor - i.e., ineptitude. They argued that this view that Ignorance and ineptitude are the only sources of error has been transmitted from the pure to the applied sciences, and then, more specifically, from medical science to medical practice.

² Gorovitz S, MacIntyre A. Toward a Theory of Medical Fallibility. The Journal of Medicine and Philosophy 1976; 1:51-71

Could we apply the lessons learned from studying medical errors to management or personal decision errors?

Has this also happened in the science of change management? If a change project fails to achieve the expected outcomes, do we tend to blame either Ignorance or ineptitude? Stated differently, looking at how we try to address the low success rate, do we think more research (to develop the knowledge), more education (to transfer the knowledge), or training (to ensure knowledge is applied correctly via instructions or checklists) is almost always the cure?

The first is Ignorance or lack of knowledge; we can claim we really did not know about the existence or extent of a problem, or that there might be a way (maybe even a simple way) to solve the problem. We know the cause of an avoidable decision error was Ignorance when increased knowledge about the existence, extent of, and/or solution to the problem is sufficient to prevent or reduce such decision errors in the future.

The second type of failure is caused by what the philosophers called ineptitude, a lack of ability or skills to apply the available knowledge successfully – we did have (or could easily acquire) knowledge about the problem, its extent, and possible effective solutions, yet we ignored it or failed to apply it correctly.

When it comes to malpractice lawsuits, we can't hold doctors liable if someone dies of a disease for which there is no known cure. In the same way, we should not hold management accountable if we don't know the cure for a problem like market downturns. But what if there is a cure or way to protect yourself against the disease, but these were not implemented? Then it seems we can always hold the doctor (or manager) accountable. Ignorance – they should have kept up with new knowledge (education problem). Ineptitude – they should have learned how to properly apply the knowledge (training problem). Patient selection wrong option – the doctor should have explained it better.

Dr. Atul Gawande shared compelling research in *The Checklist Manifesto*³ to show that for most of history, we've failed because of Ignorance. We had only a partial understanding of how things worked. For example, in "Taking the Medicine," Druin Burch writes, *'Doctors, for most of human history, have killed their patients far more often than they have saved them.'* We used to know very little about the real causes of why we get ill and even less about how to treat, cure or prevent these. For the most part, that's changed. Over the last few decades, our knowledge in medicine, as in most other sciences, has seen exponential growth in understanding the causes, full consequences, and effective solutions. Gawande, therefore, argued that this advance means

³ Gawande, Atul, *The Checklist Manifesto: How to Get things right*, Picador Publishing, 2011.

that ineptitude now plays a much more central role in failure than ever before and has shown to what extent a simple checklist can dramatically reduce failures due to ineptitude. Gawande proposed two simple solutions to address ineptitude. A checklist and shared responsibility. E.g., A nurse not only has the right to point out errors of commission or omission to managers but has the responsibility to do so.

This leaves us with two inconsistencies. First, why, despite the growth in knowledge that should reduce failures due to valid claims of Ignorance and more education and training on simple, practical solutions like checklists to prevent failures due to ineptitude, has the success rate of change not substantially improved since the 1970s? And why do we still mostly blame Ignorance when we see others doing things they should not or not doing the things they should?

If not Ignorance or ineptitude, then what or who should be blamed?

It is common to blame Ignorance or ineptitude for most chronic problematic behaviors like smoking, over-eating, littering, driving under the influence, practicing unsafe sex, or not taking medication exactly as prescribed. It is also true for organizations to blame failed product launches, mergers, or downsizing on either Ignorance or ineptitude. When we assume Ignorance as the leading cause, we assume the person or group of people are not changing their behavior either because of their lack of knowledge about the existence and/or extent of the problem itself, the underlying root causes of the problem, and/or how to change their behavior to one with less undesirable effects and more desirable effects. If we know they are no longer ignorant and have received training on the "how-to," and they still do not change their behavior, we tend to blame their "lack of willpower."

We can argue that a "lack of willpower" is also a type of Ignorance or ineptitude. Specifically, Ignorance about the cost vs. benefits of the desired change or the unwillingness to incur the cost to obtain the benefit. Either they are over-estimating the costs or under-estimating the benefits. As such, the common "change management" way to change problematic behaviors related to chronic problems is to educate people about the existence and negative consequences of the problem to them and others they care about, what behavioral changes they need to and can make to solve the problem and why the benefit will outweigh the costs and effort to make the change.

But are those of us with bad habits such as smoking, over-eating, littering, practicing unsafe sex, or not taking medication precisely as prescribed ignorant or lack the willpower to stop? You'd certainly think so if you look at how experts, organizations, and governments try to solve these types of problems through more and more education, support programs, and more graphical warnings about the consequences of not changing.

It is quite concerning that it is frequently relatively easy to disprove a claim that Ignorance is the leading cause. For example, if Ignorance about the cause and/or solution for bad habits like smoking were really to blame, then surely doctors, who have the best knowledge about these would

never smoke or at least have a MUCH lower percentage of smokers than when compared to the rest of the population. Right? Would you be surprised to know that the percentage of doctors⁴ who smoke is not much less than in the general population or that the percentage of doctors who smoke exceeds the percentage of medical students who smoke? The same is true for obesity rates⁵ amongst doctors compared to the general population and medical students.

If Ignorance were the underlying cause, we would change our problematic behaviors once we gained the relevant knowledge to address our valid claims of "I didn't know" or "I didn't know how." Right? But we don't. And because we don't, our "educators" and lobbyist can continue to argue, "You see, we haven't provided enough education yet. Let's invest even more resources in education, support programs, or graphical advertising campaigns. This can result in unproductive negative cycles that waste scarce resources and is difficult to escape from. This vicious cycle persists when decision-makers never question their starting assumption that Ignorance or unwillingness to change problematic behaviors are the primary cause for chronic problems

But how then do we explain why we or others will sometimes keep doing things we know we should not do or resist making the changes we know we should? Dr. Russ Ackoff, considered the father of systems thinking, called these decision errors of commission (doing what you should not) and omission (not doing what we should).

A new hypothesis – Unresolved Conflict due to Inertia, Loss or Risk aversion biases

A growing body of research in the field of Behavioural Economics has challenged the traditional "rational-based" economic theory that claims we make errors of commission or omission mostly because we simply under- or over-estimate benefits or costs related to the required changes. This new field combines⁶ research from economics - the science of how and why resources are allocated by individuals and collective institutions like firms and markets, with research from psychology aimed to understand individual and group behavior. Behavioral economics seeks to use evidence-based psychology to inform economics, ensuring maintenance of an emphasis on applying the scientific method, mathematical structure, and explanation of field data that distinguish economics from other social sciences.

Two of the new Behavioural Economics findings⁷ that relate to understanding why the traditional "Stop this; start that" education approach to chronic problems fails are:

⁴ H.J. Waalkens et al, Smoking habits in medical students and physicians in Groningen, The Netherlands, Eur Respir J 1992, 5, 49-52

⁵ Khawla M. Al-Madani, Obesity among Medical Practitioners and Medical Students in Bahrain, Bahrain Medical Bulletin, Sept 2000

⁶ Camerer, Colin, Behavioral economics: Reunifying psychology and economics, Proc. Natl. Acad. Sci. USA, Vol. 96, Sep 1999

⁷ Gal, David, A psychological law of inertia and the illusion of loss aversion, Judgment and Decision Making, Vol. 1, No. 1, July 2006, pp. 23-32

- *We continue to do or change things we know we shouldn't* because of our inertia biases (which can be confused as complacency or apathy) and/or neglecting to consider the total opportunity cost of continuing such actions.
- *We don't do or change things we know we should* because of our "loss" and/or 'risk aversion' biases that cause us to favor the status quo and dislike losses much more than we like gains of similar size when faced with two or more change choices.

Standing on the Shoulders of Giants

To develop a breakthrough in any field, such as finding better, faster, and simpler ways to understand better and address the underlying causes of solvable chronic problems, we should stand on the shoulders of giants, as recommended by Isaac Newton. We should look at the giants' solutions, pay respect by understanding why these worked in some areas but not in others and/or have not been adopted more widely in other areas where they could bring benefit, and then challenge their basic assumptions.

There are several giants in the field of understanding the psychology of resistance to change and what methods can help to overcome the status quo bias and/or loss or risk aversion biases when these result in Changee decision errors – not changing when we should or changing when we should not. Most notable is the work of:

- Dr. Daniel Kahneman and Dr. David Schkade collaborated to develop the notion of the focusing illusion⁸ (Kahneman & Schkade, 1998) to explain in part the mistakes people make when estimating the effects of different scenarios on their future happiness (also known as affective forecasting, which has been studied extensively by Daniel Gilbert). The "illusion" occurs when people consider the impact of one specific factor on their overall happiness; they tend to greatly exaggerate the importance of that factor while overlooking the numerous other factors that would, in most cases, have a more significant impact
- Dr. Barry Johnson⁹, who posed the question of *"Is this a problem we can 'solve,' or is it an ongoing polarity we must manage well?"* Dr. Johnson demonstrated that applying traditional problem-solving skills will worsen the problem rather than help resolve it in cases of a polarity. However, the Polarity Management™ model, polarity map, and set of principles he developed can, through the guidance of trained coaches, help an individual distinguish between solvable problems and polarities, and help leaders effectively manage those polarities most important to their organization's success.

⁸ Schkade, D. & Kahneman, D. (1998). Does living in California make people happy? A focusing illusion in judgments of life satisfaction. *Psychological Science* 9, 340.

⁹ Johnson, Barry, *Polarity Management: Identifying and Managing Unsolvables*, H R D Press, June 2014.

- Dr. Robert Kegan and Dr. Lisa Lahey¹⁰ uncovered a hidden phenomenon that can prevent us from making the changes we know we should - a dynamic they call "*the immunity to change*". They have developed a simple process that experienced coaches may use to guide an individual through identifying and challenging key assumptions holding them back from making the changes they intend.

Another giant, more known for improving organizations than in understanding the psychology of change, was Dr. Eli Goldratt, creator of the *Theory of Constraints*. In the Introduction to his best-selling novel *The Goal*¹¹, Dr. Goldratt said we could make breakthroughs in any field we're passionate about (including solving chronic problems) by following just two steps:

- **Step 1:** Have the courage to face (significant or consequential) inconsistencies.
- **Step 2:** Have the wisdom to challenge basic assumptions related to these inconsistencies.

What are inconsistencies? Simply put, they're gaps between our expectations and reality.

In science, "inconsistencies" are essential as they show that our understanding or explanation of how things work or why things work needs improvement. They're important as a feedback mechanism in life because they also point to areas that require improvement – those expectation gaps that cause anxiety, stress, and disharmony between people.

And what assumptions should we challenge? Either those 'bad' assumptions on which our (unrealistic) expectations were based or the 'bad' assumptions on which our insufficient or inappropriate actions to realize these expectations were based.

An Inconsistency and Assumptions to Challenge

Considering the poor success rate and poor return on investment of most of the past attempts by individuals, organizations, and governments to reduce their most consequential chronic problems, we could challenge the assumptions that ambitious targets to reduce these were simply unrealistic. Therefore we must lower the targets or give ourselves more time. Just think about all those government targets meant to be achieved by 2000; when they were not achieved, they simply became the 2010 targets and then the 2020 targets. We do the same when we "rollover" the same New Year's resolutions each year. We think that if we just give ourselves more time, we could achieve these using the same approaches as before.

¹⁰ Kegan, Robert and Lahey, Lisa, *Immunity to Change: How to Overcome It and Unlock the Potential in Yourself and Your Organization*, HBR Press, 2009

¹¹ Goldratt, Eliyahu M., *The Goal: A Process of Ongoing Improvement*, New York, North River Press, 1984.

When should we start challenging the assumptions that our past actions were insufficient or appropriate to achieve our targets? One would assume that because of the publication in popular media, more and more of the research findings from new fields such as Behavioral Economics, policymakers, self-help gurus, and personal coaches would be quick to adopt the new insights of our status quo, loss, and risk aversion biases into better decision support techniques. Unfortunately, few of these new insights have been adopted into the common methods and "how-to" methods used by policymakers and individuals to improve their decision-making. As a result, the chronic problems persist, for which many of the underlying causes and remedies are now known.

Criteria for a better way

1. Bring excellent results – outside the normal noise/variation of using existing methods.
2. Be based on better Win: win for all stakeholders – i.e., win for one and lose for another. The win does not mean getting what you want; just more of the things you want and/or less of what you don't.
3. Reduced risk when measured by considering both probabilities of failure/success AND impact of failure and success.
4. Simpler than before (else it will not be used or adopted widely).
5. Each substantial step in the process must bring benefit – either validating or invalidating an assumption about the question the step aims to answer.
6. Must not self-destruct.

Standing on the holders of giants

There are three methods the ProConCloud method, developed by the author, is directly based on—the Pros Cons List of Benjamin Franklin. And the Change Matrix and Evaporating Cloud methods of Dr. Eli Goldratt.

In 1770 Benjamin Franklin shared his Pros Cons list method with a friend asking for advice to make a good decision on whether to accept a new job or not.

In the 1980s, Dr. Eli Goldratt created the Theory of Constraints to help organizations achieve ongoing improvement by focusing their improvements on their system constraint(s). However, he was soon frustrated with the resistance to change he experienced to this new approach. He realized that to improve the success rate and speed of Theory of Constraints implementations, he had to understand better why people resist change - especially those changes they knew would be good for them and others – and provide them with the thinking processes to overcome these. As part of this quest, he developed several thinking processes, of which two are particularly relevant to the resolution of chronic problems caused by our Ignorance or ineptitude.

These are the Change Matrix and the Evaporating (or Conflict) Cloud methods.

To understand why, despite their many published successes, these methods are not more widely used in solving problematic behavior and other chronic problems, it is important to understand both the benefits of these methods and their limitations.

Goldratt's Change Matrix (CM)

The Change Matrix¹² developed by Goldratt in the late 1990s provides a practical method of understanding resistance to change and/or preparing to achieve stakeholder buy-in for a proposed change, especially if the change is a breakthrough likely to be met with significant active or passive resistance.

The Change Matrix builds on the simple Pro Con List method proposed by Benjamin Franklin¹³ in a letter to a friend in 1772 by not only looking at the Pros vs. Cons of a Change. Goldratt suggested we should also list the Pros vs. Cons of Not Changing (the status quo). This additional dimension can help uncover hidden assumptions that would not have been exposed otherwise.

Figure 1 shows the four aspects related to any Change within the CM.

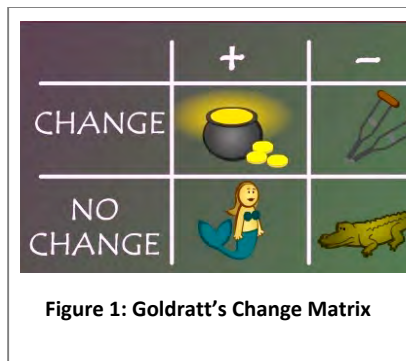


Figure 1: Goldratt's Change Matrix

To provide a memorable reference¹⁴ for these, Goldratt used the analogy of a person feeling pressured to climb a mountain (the Change) for two reasons:

1. First, there is the opportunity to reach the **'Pot of Gold'** on top of the mountain - **the positive of the Change**.
2. Second, there is the pressure to escape the **'Alligator'** at the base of the mountain – i.e., to eliminate **the negative of not changing**.

So why wouldn't a person climb the mountain (make the Change) if there was a large alligator at the bottom and/or a pot of gold at the top?

Goldratt suggested that we look at the two reasons which pressure someone *not* to change:

¹² See definition for Change Matrix under "Change Analogy" in TOCICO Dictionary at www.tocico.org

¹³ <http://www.procon.org/view.background-resource.php?resourceID=1474>

¹⁴ https://www.youtube.com/watch?v=9T_WB--wAxU

1. First, the person does not want to give up on or leave behind a '**Mermaid**' they've fallen in love with at the base of the mountain - **the positive of not changing**.
2. Second, they risk '**Crutches**': falling and breaking their legs if they try to climb but slip and fall - **the negative of the Change**.

As an example, Goldratt's CM can be used to understand the four competing forces relating to stopping a bad habit such as smoking.

The Change Matrix and Smoking

The pot of gold and alligator are normally easy for any smoker to define. They might verbalize the positive of the Change (pot of gold) as "better health" or "lower risk of lung disease" while verbalizing the negative of not changing (alligator) as "My family continue to complain about my smoking" or "I continue to feel guilty about my smoking ."Changing will get them away from these alligators.

Interestingly, when we ask a smoker to verbalize the positive of smoking (the mermaid they don't want to give up), they frequently misunderstand the question, typically verbalizing their mermaid as a positive of *stopping*, not a positive of *smoking*. This is how they're conditioned to think and respond to a 'disruptive' question that poses an unusual, unexpected challenge. Once they realize what you are asking, they'll say, "Smoking offers me an effective way to cope with stress."

By the same token, when we ask the smoker to verbalize the negative of quitting (the crutches), they're surprised. This is not what they expected you to ask. No one who is trying to change behavior usually asks questions like this. And that's why the CM works: the simple fact of considering the limiting assumptions is often completely new and unexplored.

As mentioned, the Change Matrix was designed to help both those who initiate a change and those who resist a change to understand resistance to change or bad past compromises.

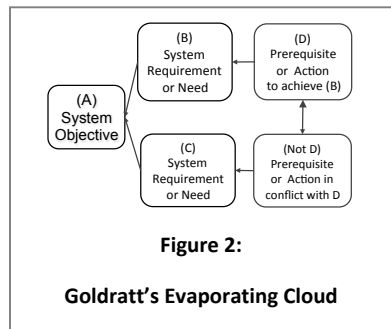
The advantage of this method is it can provide a simple checklist for understanding the likely loss or risk aversion, which can be blamed on the ineptitude and result in inertia. But it also has a limitation: what if the four assumptions all appear valid? What if the positives of changing and the negatives of not changing appear matched by the positives of not changing and the negatives of changing?

To decide what to do, we need a way to resolve such "Change vs. Not Change" conflicts. Goldratt developed his Evaporating Cloud or Conflict Cloud method to address such situations.

GGoldratt's Evaporating Cloud (EC)

Goldratt's Evaporating Cloud was designed to provide a practical way of resolving conflicts by identifying and challenging the basic assumptions responsible for the conflict.

Figure 2 presents the structure of the Evaporating Cloud, with Box A representing the objective we are trying to achieve, Boxes B and C the requirements for achieving these objectives (system needs), and Boxes D and D' (D') the conflicting prerequisites or actions (e.g., Change vs. Not Change) to achieve each need.



The Evaporating Cloud and Smoking

An example of a typical conflict is:

To (A) be happy, I must have good health (B), which requires that I feel pressure to stop smoking (D). At the same time, too (A) be happy, I must (C) have an effective way to cope with stress, which requires that I (Not D or D') feel pressure to continue to smoke. The problem, verbalized as a conflict, is whether to stop smoking or continue smoking.

The EC was a breakthrough, not only in defining a problem as an unresolved conflict, but also in helping people find ways to resolve it, not by the "mental arithmetic" method used in Franklin's Pro-Con list, or even Goldratt's CM, but by identifying and challenging basic assumptions (between A-B, A-C, B-D, C-D, and D-D') that could enable a simple win-win resolution.

The Limitations of Both Methods

There are many documented success stories within the reference bank of TOCICO¹⁵ to show the benefits that the CM and EC methods bring when applied to applications, as varied as allowing kids to resolve their conflicts to using it to better prepare for sales meetings. However, both unfortunately also have significant limitations that have constrained their success and adoption rates:

1. The Change Matrix helps us better understand the four competing forces at play but doesn't give a practical mechanism for deciding when the forces for and against the Change seem balanced.
2. The Evaporating Cloud helps us verbalize a problem as an unresolved conflict and offers a method of identifying and challenging assumptions that could resolve it. Yet it ignores the likely negative of changing and the negative of not changing, either of which could block us from

identifying a win-win solution. It also offers no guidance on which of the assumptions underneath each of the five logical connections can, if challenged, resolve the conflict.

So, is it possible to design a thinking process that addresses the limitations of both the Change Matrix and the Conflict Cloud while maintaining the benefits of both? Moreover, could individuals apply the new thinking process without the guidance of a facilitator or coach?

Yes. If we combine them into a simple step-by-step process that anyone can follow.

The ProConCloud (PCC) Method

The PCC represents the decision conflicts we face due to the four competing forces related to any Change vs. Not Change, or Change A vs. Change B, a decision that can result in persistence or worsening the problem, Ignorance or ineptitude.

Designed to meet the ambitious target of combining the best of the CM and EC while overcoming their limitations, it seeks to offer a complete, simple and systematic process for analyzing and solving the chronic problems caused by these avoidable mistakes.

To achieve this, the complete PCC process must overcome five common mistakes and their consequences:

1. Working on a not actual or consequential problem wastes our scarcest resources.
2. Not verbalizing the unresolved conflict(s) related to this problem and thereby facing the risk of selecting a solution that is one side of a conflict (e.g., go for centralization vs. realizing the unresolved conflict of centralizing vs. de-centralize)
3. We were ignoring one or more critical assumptions that block the conflict's resolution, thereby limiting our options within our current biases.
4. Ignoring valid reservations could result in a "half-baked solution" delivering only partial benefits and/or resistance to change that can block an implementation. These reservations are often expressed as 'Yes, but,' relating to:
 - a. insufficiency of the new solution to be a win for all stakeholders,
 - b. potential negative consequences of the new solution, and/or
 - c. implementation obstacles
5. Not effectively communicating the complete solution to those who need to apply it, with clear measurements of success and failure (what good and bad look like) can result in poor implementation, bad compromises, or not learning from experience

The PCC process consists of five steps to prevent or reduce the effects of these five common mistakes.

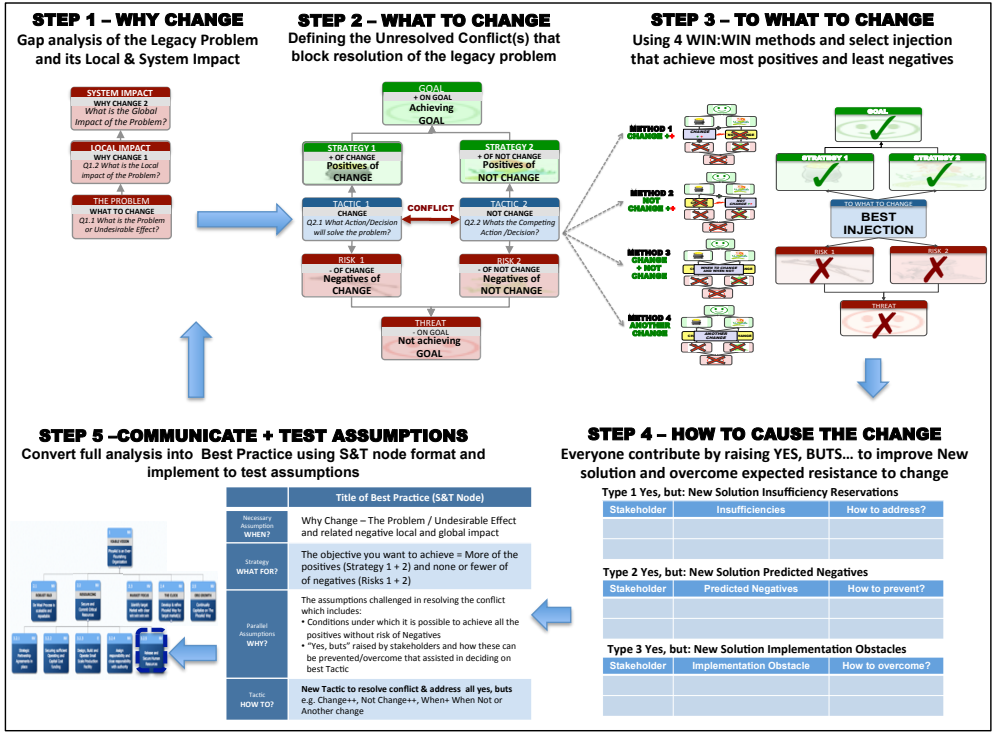


Figure 3: The 5-Step ProConCloud Method

Figure 3 above shows a schematic of the five steps of the PCC process, with the appropriate questions that guide the user through the five steps. The steps are outlined next before a complete worked solution to a typical problem is presented.

The 5 Steps of the ProConCloud Process

Step 1: Gap analysis to validate the importance of the problem

Why change? *What is the problem or undesirable effect, and why is it bad for all stakeholders?"*

This is answered by defining the problem and predicting the negative impact on you or your part (the local impact) and the rest of the system (the global implications).

This step is aimed to eliminate Ignorance of the problem, its extent, and/or consequences of the problem as a cause for the problem not having been resolved before.

Step 2: Conflict analysis to define the problem as an unresolved ProConCloud

What to change? *What action do you feel pressured to take to resolve the problem (Change Box)? What is the Status Quo (Not Change Box) or the other Competing Change (Competing Change) that puts you in a conflict? What are the positives and negatives related to each?*

This is answered by verbalizing the problem as an unresolved conflict and identifying four possible sets of assumptions that will later be challenged (Positive of Change, Positive of Not Change/Competing Change, Negative of Change, and Negative of Not Change/Competing Change).

Step 3: Conflict resolution to identify and challenge limiting assumptions/beliefs, using Barnard's four methods for resolving any conflict:

To what to change? *What are the assumption(s) that block each of the four possible solutions to resolve the conflict, and which of these, if challenged, provide the best way to achieve more positives and less/fewer negatives?*

This is answered by resolving the conflict through applying each of the four methods below, and at the end, selecting the one (or a combination?) which gives the most positives (pot of gold, mermaid) and the least negatives (alligator, crutches). Each method is framed as a critical question or questions that force the decision-maker to think more creatively about a solution, breaking the preconceived assumptions that have hitherto locked them into the conflict.

- **Method 1: Change Plus Plus (Change ++)**
If I decide to change, what can I ADD to ensure it does not jeopardize my valid current mermaids (1st Plus) and to ensure it does not result in any real future crutches (2nd Plus)...
- **Method 2: Not Change Plus Plus (Not Change ++)**
If I decide to 'Not Change,' then what can I add to the "Not Change" or "Competing Change" to ensure it does not jeopardize my future desired pots of gold (1st Plus) and to ensure it does eliminate all the current alligators (2nd Plus),...
- **Method 3: When To Change vs. When Not To Change**
Under what conditions should we decide to change, and under what conditions should we Not? This gives us a new rule of something like "As long as [current condition], do not change, but as soon as [new condition], then change."
- **Method 4: Another Change**
Is there another change that does not relate to the current change that could offer more of the desired positives with fewer negatives?

Step 4:

'Yes, But' analysis to identify reservations that can compromise implementation

Say we've selected Method 1: Change ++ as providing the best solution to our chronic problem. Now: how to improve it?

Write down your and other stakeholders' possible reservations or Yes-Buts for resisting this solution, and then how to prevent or overcome these (the Yes-And), based on three classifications:

- **Insufficiency** – "Yes, I like the solution, BUT I think it's insufficient when it comes to [insufficiency reservation], so we'd need to add this [additional change] to ensure it worked."
- **Potential negatives** – "Yes, I like this solution, BUT if we implement it, it could negatively impact this stakeholder in this way [potential negative side effect or unintended consequence]. So we should also do this [additional Change] to prevent this side effect from happening, so we achieve our goal."
- **Obstacles** – "Yes, I like this solution, BUT some obstacles are blocking me/us to implement it [obstacle reservation], and this [additional change] is what is needed to overcome these obstacles...."

Step 5:

The Best Practice definition (See *Figure 4* below) summarizes the complete analysis so we and others can validate and/or contribute to improving the assumptions for current and future use.

How do we know this will work?

To allow others to check our analysis and solution, we should answer the following questions:

- Why is this Change needed (the assumptions of the necessity of the Change)?
- What is the specific objective (the strategy of this Change)?
- Why is the Change possible but difficult or risky (the assumptions we challenged in resolving a the change conflict)?
- How can we best achieve/implement this Change (the Change tactic)?

Step 5

Communicating full analysis as new Best Practice

	Title of S&T Node (Best Practice)
Necessary Assumption WHEN?	The need for the change: What is the problem or undesirable effect that created the need for a change and why is this problem bad for the part (local impact) and bad for the system as a whole (system impact)
Strategy WHAT?	The objectives of the change you want to achieve: More of the positives (Strategy 1 + 2) AND none or fewer of negatives (Risks 1 + 2)
Parallel Assumptions WHY?	The assumptions challenged in breaking the conflict which includes: •Conditions under which it is possible to achieve both S1 and S2 without R1 and R2 •Potential Insufficiencies, Negative Branches and/or implementation obstacles that will make implementing a solution risky or difficult that was considered to decide on the best Tactic
Tactic HOW?	The New Tactic to resolve the conflict with a win:win selecting the solution from using one of the four methods e.g. Change++, Not Change++, When+When Not or Another change

Figure 4: The 5th Step of the ProConCloud Method

The 5th Step of the ProConCloud method provides a summary of these communication steps. The next section shows a complete example of how the PCC process can be used to resolve a significant real-world chronic problem that plagues us all – not taking our medication as prescribed.

A complete PCC Process Example - Not Taking Medication as Prescribed

According to the World Health Organization (WHO) World Health Report 2003¹⁶, the degree of medication non-adherence is so great. The consequences are of such concern that more people worldwide would benefit from improving medication adherence than from the development of new medical treatments. A number of studies¹⁷ have shown that, in developed countries, patients with chronic conditions have adherence rates of 50% to 60%, despite evidence that medication improves the quality of life and prevents death.

Applying the PCC Process

Below are the five steps of the PCC process applied to incorrect medication consumption as a problem. (*Please see Appendix 1 for the graphical representation of this analysis*)

Step 1: GAP ANALYSIS

Why change? This is answered by defining the problem and why it is important for both you or your part (the local impact) and the rest of the system (the global impact).

Why is this Change important? On the individual level, if the patient does not properly take his blood pressure medication, his blood pressure will continue to be too high, and there's an increased risk the patient will die of a heart attack or a stroke. On the system level, more patients are admitted to the hospital, medications are being wasted, and bugs become antibiotic-resistant.

Step 2: CONFLICT ANALYSIS

What to change? This is answered by verbalizing the problem as an unresolved conflict with four possible assumptions to challenge.

What should I change? My unresolved conflict is that I feel pressure to take the medication on the one hand and pressure not to take it exactly as prescribed on the other. And the four impacts?

1. What is the 'pot of gold on top of the mountain (**the positive of the Change**)?

¹⁶ <http://www.who.int/whr/2003/en/>

¹⁷ World Health Organization. Adherence to long-term therapies: evidence for action. www.who.int/hiv/pub/prev_care/lttherapies/en/index.html, January 1, 2012.

If I take the medication exactly as prescribed, the positive is I will get better.

2. What is the 'alligator' at the base of the mountain **(the negative of not changing)**?

If I do not take the medication exactly as prescribed, the negative is I will face a high risk of a heart attack or stroke. Another major negative could be withdrawing medical treatment from my doctor or nagging by my family.

Note: When expressing this assumption, do not default to an alligator that is just a re-statement of your pot of gold in the negative. Instead, as we've done in the example above, add to it by focusing on emotional aspects, i.e. things you may be afraid of losing or gaining.

3. What is the 'mermaid' we've fallen in love with **(the positive of not changing)**?

Suppose I continue to take my medication incorrectly. In that case, the positive is I will avoid the hassle of having to remember to take it, the side effects involved, and spending the money required to take it exactly as ordered. And I like being fussed over by my family. I also feel entitled, by my hard work, not to worry about my health.

4. What are the 'crutches' **(the negative of the Change)**?

If I start taking my medication correctly every day, it may make me feel that I'm sick and old. So why should I change? (A recent field test using the PCC indicates that this and the feeling of entitlement mentioned above are the top two reasons patients provide for continuing their incorrect consumption of medication.)

Note: Once again, when expressing this assumption, take care not to provide a negative that is merely the inverse of your mermaid. Again, focus on the emotional, i.e., use verbs like 'feel.'

Step 3: CONFLICT RESOLUTION

What to change? This is answered by resolving the conflict by applying each of the four methods below and selecting the one that gives the most positives (pot of gold, mermaid) and the least negatives (alligator, crutches).

Note: Why do this? Because breakthroughs – if they don't come from a systematic and repeatable method – make people anxious. The best way to circumvent this and be unbiased is to explore the four options instead of just one.

Method 1: Change ++

Recall, if we are to choose the action 'Change,' then we need to make two additions to counter both the negatives identified with the Change, creating a Change ++ solution:

Ask: Why will you take the medication to jeopardize your mermaid? Because doing so every day is a hassle. State the opposite, using the injection: It's not a hassle. Then, think about how to make it true, i.e., reduce the hassle of taking medication daily with a mobile phone reminder (1st +).

Ask: Why will taking the medication result in crutches? Because taking medication will make me feel I'm sick and old. Only sick and old people take medication daily. State the opposite, using the injection: Not only sick and old people take medication; anyone who wants to live a long and healthy life does so. Then, remind yourself that even top athletes take daily supplements (2nd +).

Method 2: Not Change ++

If I continue to take my medication incorrectly, I'll have to talk to the doctor (the 1st +) and then my family (2nd +) about where I can potentially afford to deviate from the prescription; i.e., how best to make up for a skipped dose later on in the day or the week, if I forget one along the way.

Method 3: When To Change vs. When Not To Change

I'll have to create a rule for myself, like: When the doctor tells me I have to follow the script exactly, I must follow it verbatim. When he gives a guideline, I can be more relaxed.

Method 4: Another Change

I'll make an entirely different change, like using exercise and diet to manage my blood pressure – because I don't have the self-discipline to take daily medication. Or perhaps I'll ask my doctor to inject me once every few months to avoid having to take medication daily.

Step 4: YES-BUT ANALYSIS

Say we've selected Method 1: Change ++ as the best solution to our chronic problem.

To further improve our new solution and increase the probability that it will actually be implemented, we will get all stakeholders to raise as many of the likely 'Yes, buts' as possible and then, with their help, find practical ways to prevent or overcome each of these.

What if, instead of fighting our natural resistance to change, we capitalized on it, using an extra step to expose the likely 'Yes, but' reservations and to use these to find what else should be added to our new win-win solution to the chronic problem.

Note: In a business environment, we use this step to allow all stakeholders to list their reservations by inviting them to help us find all the reasons why a proposed change will not work and/or be successfully implemented. This is an effective way to achieve stakeholder contribution and a sense of ownership of the Change – especially important when we expect resistance to the proposed change.

As a reminder, here's our chosen solution so far (Method 1: Change ++):

If I start taking my medication correctly, I'll have to manage the hassle of remembering to do so daily and as directed by my doctor by using a daily mobile phone reminder. To avoid feeling sick and old, I'll have to remind myself that even top athletes use medication daily.

Write down a patient's or doctor's possible reservations for resisting this solution, based on three classifications:

- Insufficiency
- Potential negatives
- Implementation obstacles

Insufficiency – "Yes, I like the solution, BUT I think it's insufficient to give more positives and less negatives. To achieve this, I need to add...."

*In practice: I like the idea of using a mobile phone reminder to nudge me to take my medication daily at the right time, and I am willing to remind myself what top athletes do. Still, I also need a way to keep my medicine handy throughout the day—a possible **answer: A numbered pillbox.***

Potential negatives – "Yes, I like this solution, BUT if I implement it, it may result in new negatives. To prevent these, I need to add...."

*In practice: I like the idea of the reminder and the top athletes as role models, but my mobile phone reminders may irritate other people if they happen throughout the day. **Possible answer: Find out from the doctor how early and how late I could take my medication so that the bulk of the reminders don't happen during work hours.***

Implementation obstacles – "Yes, I like this solution, BUT some obstacles are blocking me from implementing it. To overcome these, I need to add...."

*In practice: I like the idea of using top athletes and their supplemental/medical regimes as inspiration for daily medication, but I don't know enough about the specifics. **Possible answer: Find out exactly what my favourite sports stars take every day to maintain their top performance.***

Step 5: BEST PRACTICE DEFINITION AND TESTING

How do we know this will work?

We have two practical methods for testing whether a new idea will work.

1. The first is defining and communicating its logic in a method easy for others to understand, unpacking the critical assumptions on which our logic is based.
2. The second is designing experiments where the solution's effectiveness and sustainability can be tested in real-life scenarios.

To allow others to check our analysis and solution, we should answer these questions:

- Why is this Change needed (the assumptions of the necessity of the Change)?
- What is the specific objective (strategy of this Change)?
- Why is the Change possible but difficult or risky?
- How can we best achieve/implement this Change (the Change tactic)?
- Why is this level of detail insufficient to prevent execution mistakes or compromises (the assumption of sufficiency)?

By defining changes that answer each of the questions explicitly, we can treat changes as experiments to validate or invalidate critical assumptions by measuring whether the problem has been solved or its undesirable effects are measurably reduced.

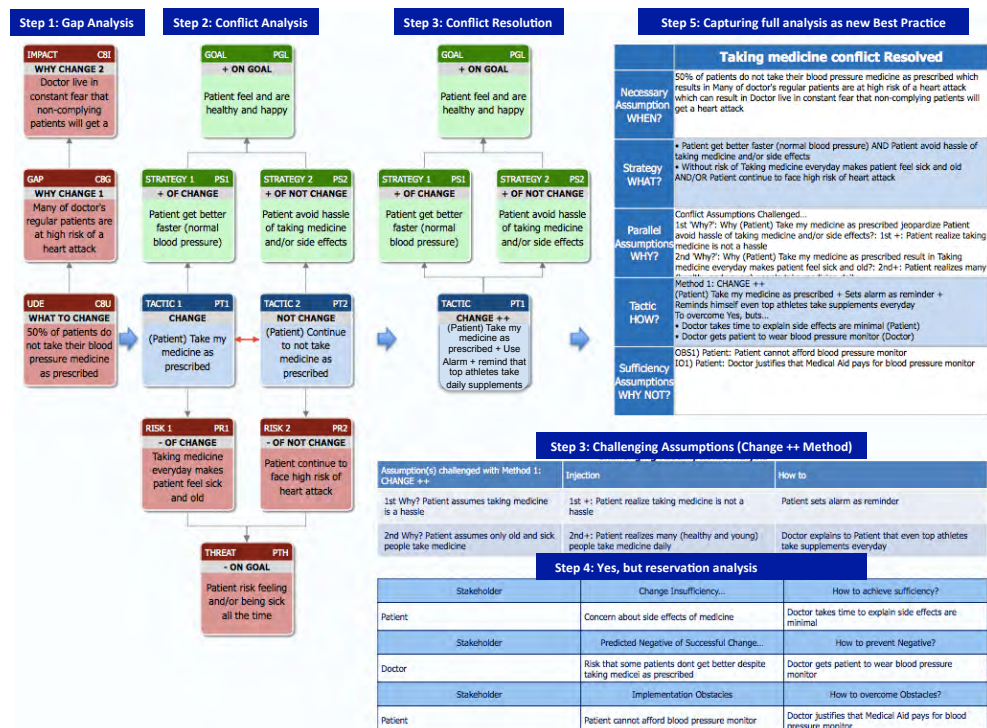


Figure 5: The 5-Step ProConCloud Method

Figure 5 above shows how to define and communicate the complete analysis of the prescription non-compliance problem as a Best Practice (captured in the HARMONY Web App available at www.harmonyapps.com)

Appendix 1 of this paper includes another complete example of a PCC analysis on why many people continue to multitask even though they know how bad it is for their productivity and the organizations they work in.

Appendix 2 of this paper includes a checklist to support the use of the four methods developed by the author to resolve any conflict.

Appendix 3 of this paper includes the author's review of the likely Limitations of the PCC Method

Appendix 4 of this paper includes interesting applications of the method found through field testing, which include SWOT analysis and testing Research Hypothesis

Conclusion

When looking at ways to analyze problematic behavior and/or to develop simple and effective solutions for chronic problems, the "Holy Grail" is a shortcut or fast track to identifying those limiting assumptions that can cause any of us to continue *doing what we should not do* and/or *not doing what we should do*. The two main causes of avoidable decision mistakes are Ignorance - lack of knowledge about the problem or how to solve it; and ineptitude – failure to apply the knowledge effectively.

For most human history, Ignorance was the main cause of all failures to do what we should and/or not do what we should not. In most fields, due to the exponential growth in knowledge over the past few decades, the situation today is that most failures are due to ineptitude. As such, we need new thinking and decision support tools that capitalize on recent breakthroughs in the relatively new science of Behavioural economics and the work by Dr. Eli Goldratt to understand how our biases influence our decisions. For example, we favor the status quo (keeping one's mermaids) and feel an aversion to loss and risk (falling and needing crutches). Such biases lie at the root of most chronic problems with known causes and solutions.

A new method, called the ProConCloud Process (PCCP), has proven to be an effective tool in helping people identify the limiting assumptions that block them or others from resolving the conflicts associated with chronic problems and/or from developing simple, robust solutions to resolve these. The ProConCloud Process follows five steps, each designed to overcome limitations of previous methods:

- First, start by picking a problem and validating its importance (so we don't waste our scarce resources like attention, time, or money to solve unimportant problems) by checking that it has a negative impact, not only on you or your area but also on the rest of the 'system';
- Second, identify the Change required to address the problem and examine the positives and negatives of changing, and the positives and negatives of not changing;
- Third, examine and enhance alternative solutions systematically, using four methods to resolve any conflict, by exposing hidden assumptions which block resolving this conflict and how to overcome these practically. Then choose the best-enhanced solution yielded by the four methods, i.e., the solution with most positives and least negatives;
- Fourth, treat the chosen solution as a 'half-baked solution,' asking stakeholders for their 'Yes, *but*s' to allow them to share what could block them/others from trying it and/or implementing it successfully, and what can be done to prevent this and make the solution more 'fully-baked'; and
- Fifth, capture the full analysis into a "Best Practice" format that answers why a change is needed, what the specific objective of the Change is, why the Change is possible but difficult or risky, and consequently, what the best way to achieve the Change is.

Why could the PCC be a game-changer? Why does it have a high probability of working where other methods have not? Numerous pilot studies over the past three years have shown that:

1. The PCC provides a simple framework and language to identify which one of the possible cause(s) of chronic problems is likely the main cause. Is it really Ignorance about the problem, its impact, and/or its solution? Or is it ineptitude (or even inertia) due to a lack of ability, skill, or confidence to intervene successfully?
2. The four methods provide a practical way to explore at least four different methods for resolving conflict and identify most of the limiting assumptions which block a win-win resolution to the conflict.
3. Even the best solutions will face resistance to change. Using the 'Yes-but' process, we allow stakeholders to share these in a safe environment and improve the solution to give stakeholders a sense of ownership.
4. Converting the full analysis into a simple Best Practice framework will improve communication of any proposed change and offer the opportunity to build a library of best practices containing the full logic of where they came from. This can ensure 'ignorance' is used less as an excuse for chronic problems.

To get to this point, we've stood on the shoulders of giants, combining Goldratt's Change Matrix and Evaporating Cloud into a complete yet simple process for analyzing and increasing the probability of solving chronic problems caused by either Ignorance or ineptitude.

[Optional sidebar 1:]

When to Use the ProConCloud Process

There are certain situations in which the PCC works powerfully. Try to develop alarm bells for these so you know what to do when the time comes.

Some examples:

1. When you face a significant and consequential decision, you realize you need to invest time thinking it through. Example: Answering the question, *'What am I going to do with the rest of my life?'*
2. When you anticipate or experience resistance to change. Example: *Moving offices, treating children with autism using new technology, etc.*
3. When you want to understand the underlying causes of disharmony in your organization.
4. When you (or others) procrastinate (when you realize delaying an action causes no significant benefits, like waiting for additional information) on a decision. Example: *Implementing significant company change when there's a long sales cycle.*
5. When you seek a new way to generate a research hypothesis.
6. When you need a process for creating a Project Charter (the Best Practice outcome can be used as a Project Charter)
7. When you realize the cause of a chronic problem is inertia or ineptitude, not Ignorance. Example: *Making a country's youth more financially literate.*
8. When you want to validate understanding at the end of a training workshop. Example: *Determining whether students understand/agree with the Change and know how to resolve conflicts related to it, etc.*

[Optional sidebar 2:]

Testing the PCC Process in Real Life

Odyssey Program

The PCC Process has been used in the annual Odyssey Program to help individuals from all walks of life quickly identify the assumption(s) blocking them from making the changes they need to make in addressing stressful expectation gaps within the various aspects of their life and then to identify and overcome the "yes, buts" blocking them from creating and sustaining these.

Tata Steel (India)

Many of the technologies adopted by Tata Steel India did not realize their potential. The causes for this were categorized into 1) the technology was not adopted as it should have been or 2) the technology was adopted, but its value was not realized. The PCC process was used to understand the adopters' resistance to change.

The key lesson was that the group proposing the Change was focused on the alligator and pot of gold, and when resistance was encountered, focused ever more on these. However, the resisting group was stuck on the other side: with the mermaid and crutches. Once both proposers and resisters were encouraged to consider the four aspects, the resistance was explained. The PCC became a tool to facilitate a future focus and a checklist to get buy-in for Change.

Utah State Government (USA)

The goal of the Utah State Government is to have the best-run state in the USA. This ambitious target comes with specific objectives for each department, best summed up as doing things 25% better, faster, and cheaper. The PCC has been used to understand the conflicts and limiting assumptions blocking the Utah State Government and its agencies from achieving these objectives. The outcomes of the PCC process have been translated into best practices and are currently being tested across the various agencies and departments.

Daiwa House (Japan)

Daiwa House is the largest home construction company in Japan. They have used the Theory of Constraints (TOC) to implement their SAP project faster and improve manufacturing and sales. One of their key questions was 'Is our TOC training effective?' The PCC process was used to determine whether Daiwa employees understood/agreed with the training and knew how to resolve conflicts related to it. In addition, the PCC process was used to determine to what extent disharmony had been caused by changes that were supposed to help but were resisted, resulting in deteriorating relationships. The key lesson to emerge was the group proposing the Change was focused on the alligator and pot of gold, and when conflict arose, focused ever more on these.

However, the resisting group was stuck on the other side: with the mermaid and crutches. Once both proposers and resisters were encouraged to consider the four aspects of the Change, the conflict could be understood, and the PCC became a tool for the future and a checklist to get buy-in for Change. This increased the effectiveness of the training.

Prominent Retail Bank (South Africa)

A top strategic thinker in retail banking decided to complete a Ph.D. in understanding why South African customers spend irresponsibly. The prevailing assumption for policymakers who have addressed this is that it must be Ignorance; i.e., financial illiteracy causes irresponsible spending. But even after millions were spent by the bank to 'educate' consumers, their behavior was unchanged. The strategic thinker used the PCC process to develop an alternative hypothesis about the real cause of irresponsible spending: primarily likely, a fear of giving up the mermaid or living with the crutches. It emerged that to help customers, banks need different strategies. Research is underway.

BHP Billiton (Singapore)

How do we know whether stakeholders involved in a change management initiative understand and agree with the proposed change? The typical way for responsible leaders and managers is to ask them simply. Do you understand? Do you agree and support this Change? For those that have heard these questions, you will probably know that by far, the overwhelming response is "Yes" and "Yes." However, when we listen to what is said as people leave the room and consider the low success rate of Change, the real answer should probably have been "No, not really" and "No, how can I agree or support a change when I don't fully understand it or the benefits vs. costs of the change for me and others"? When facing the challenge of implementing CCPM during a major IT system implementation, we tested whether the ProConCloud, if given to attendees after the "Buy-in" session, was a more reliable way to answer whether stakeholders really understand and/or agree. This experiment validated this hypothesis as it confirmed that checking if stakeholders can answer clearly answer Why to Change, What to change, To What to change, and How to cause the Change with the PCC process is a more reliable and faster way to really check what stakeholders understand and agree with and what not, and as significantly, to get their inputs on how to create a more robust solution.

Appendix 1: Full PCC Analysis on Multi-tasking

Conflict Analysis Title: Multitasking Conflict Analysis

Step 1. Why Change? - Execution Gap Analysis

THE PROBLEM	Despite past efforts to stop Multi-tasking, most of our IT project team is multitasking
LOCAL IMPACT	We are constantly stressed, feel overwhelmed, and often argue with other stakeholders about priorities.
SYSTEM IMPACT	Projects take much longer; we get fewer projects completed, while quality defects and disharmony are common.

Step 2. What to Change? Execution Conflict Analysis

+ ON GOAL I am seen to be contributing to the productivity of the company	
POT of GOLD I will be more productive, have better relations and get more projects done	MERMAID multitasking I look busy and important
CHANGE To always "demand" a priority and not multitask	NOT CHANGE Continue to work without clear priority and multitask
CRUTCHES I will be accused of being unfair not competent...	ALLIGATOR I will continue to feel stressed, overwhelmed, and fear to lose my job
THREAT TO GOAL I am blamed for contributing to the poor productivity of the company	

Step 3. To What to Change? Execution Conflict Resolution

Selected Method 1 – Change++ : Challenging Assumptions Analysis

ASSUMPTION	INJECTION	HOW TO
Being busy is the best way to improve productivity (which require multitasking to stay busy)	Everyone agrees multitasking is the worst way to be productive	Use Multitasking game to show how bad it is.

Prioritization is always unfair to someone I have to give equal attention to being fair Only competent people can MT.	Not prioritizing is always unfair to everyone! Only incompetent people MT / Only competent people don't MT	Use the MT game to show how bad MT is and that those that MT is not competent in their jobs. Implement a new rule, "NO MT!!!!"
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Step 4. How to cause the change? - Execution 'Yes, but...' Analysis

1st Yes buts - Insufficiency Reservation

Stakeholder	Change Insufficiency	How to achieve sufficiency?
Project Manager	As long as Top Management releases too much work, the pressure on MT will not go away.	We need to engage with top management to show the need not just for prioritization but also for freezing (controlling the release of new projects)

2nd Yes buts - Negative Branch Reservation

Stakeholder	Predicted Negative of Successful Change	How to prevent Negative effects?
IT Manager	It will appear initially as if our throughput goes down/ we are slowing down, especially to low priority customers	We engage low-priority customers and show that we will finish it earlier even though we are starting their project later.

3rd Yes buts - Implementation Obstacle Reservation

Stakeholder	Implementation Obstacles	How to overcome Obstacles?
HR Manager	IT guys are already so busy they don't have time for any training	We will create a training module no longer than 2hrs and/or create online base training or YouTube video...

Step 5. New Execution Best Practice – Summary of Full Analysis

	Multitasking Conflict Analysis Resolved
Necessary Assumption WHEN?	A significant number of our IT team multitask (MT) a lot! This results in me being constantly stressed, feeling overwhelmed, and frequently arguing with other stakeholders resulting in a drop in productivity. MT also causes projects to take much longer, get fewer completed with worse quality, and have lots of disharmonies.
Strategy WHAT?	• I will be more productive, have better relations, and get more projects done, AND By multitasking, I look busy and important • Without risk that I will be accused of being unfair, not competent... AND/OR I will continue to feel stressed, overwhelmed, and fear to lose my job
Viability Assumptions WHY?	<i>Conflict Assumptions Challenged...</i> 1st 'Why?': Why does 'To always prioritize and not multitask' jeopardize 'By multitasking, I look busy and important'? • Everyone agrees that multitasking is the worst way to be productive 2nd 'Why?': Why does 'To always "demand" a priority and not to multitask' result in 'I will be accused of being unfair, not competent...'? • Not prioritizing is always unfair to everyone! and Only incompetent people MT / Only competent people don't MT <i>Yes, buts raised...</i> • As long as Top Management releases too much work, the pressure on MT will not go away. (Project Manager) • It will appear initially as if our throughput goes down/ we are slowing down, especially to low priority customers (IT Manager) • IT guys are already so busy they don't have time for any training (HR Manager)
Tactic HOW?	<i>Method 1: CHANGE ++</i> To always "demand" a priority and not to multitask + Use the Multitasking game to show how bad it is. + and Use the MT game to show how bad MT is and that MT is not competent in their job. and Implement a new rule, "NO MT!!!!" + <i>To overcome Yes, buts...</i> • We need to engage with top management to show the need not just for prioritization but also freezing (Project Manager) • We engage low-priority customers and show that we will finish it earlier even though we are starting their project later. (IT Manager) • We will create a training module that is no longer than 2hrs and/or create online base training or YouTube video.... (HR Manager)

Appendix 2: Checklist for the Four Methods to Resolve Conflicts

METHOD 1 CHANGE + +	METHOD 2 NOT CHANGE + +	METHOD 3 WHEN & WHEN NOT	METHOD 4 ANOTHER CHANGE
CHECK	CHECK	CHECK	CHECK
1. Why will CHANGE jeopardize MERMAIDS? 2. Why will CHANGE unavoidably result in CRUTCHES?	1. Why will NOT CHANGE jeopardize POT OF GOLD? 2. Why can NOT CHANGE not remove CROCODILES?	Why or Under what conditions is CHANGE vs. NOT CHANGE in conflict?	Why is there no other way to get both POT OF GOLD and MERMAIDS without major CRUTCHES or CROCODILES?
ASSUMPTION	ASSUMPTION	ASSUMPTION	ASSUMPTION
1. CHANGE jeopardize the MERMAIDS when/if... 2. CHANGE (unavoidably) cause CRUTCHES when/if...	1. NOT CHANGE jeopardize POT OF GOLD when/if... 2. NOT CHANGE can't remove CROCODILES when/if...	CHANGE vs. NOT CHANGE is in conflict because OR when/if...?	There is no other way because...?
INJECTION	INJECTION	INJECTION	INJECTION
1. CHANGE will not jeopardize MERMAIDS when/if... (1 st +) 2. CHANGE will not cause CRUTCHES when/if... (2 nd +)	1. NOT CHANGE won't jeopardize POT OF GOLD when/if... (1 st +) 2. NOT CHANGE will remove CROCODILES when/if... (2 nd +)	1. When [condition=true] then CHANGE Else...NOT CHANGE OR 2. As long as [] NOT CHANGE ... As soon as [] CHANGE	1. There is ANOTHER WAY to get MORE POSITIVES without MAJOR NEGATIVES by...?
HOW TO ACHIEVE?	HOW TO ACHIEVE?	HOW TO ACHIEVE?	HOW TO ACHIEVE?
1. The best way to implement 1 st + is... 2. The best way to implement 2 nd + is...	1. The best way to implement 1 st + is... 2. The best way to implement 2 nd + is...	1. The best way to implement "When + When Not" rule is by...	1. The best way to implement ANOTHER CHANGE is by...