



Conflict and Systems Transformation: A Brief Review

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“Well,” says Buck, “a feud is this way. A man has a quarrel with another man, and kills him; then that other man’s brother kills him; then the other brothers, on both sides, goes for one another; then the cousins chip in – and by and by, everybody’s killed off, and there ain’t no more feud. But it’s kind of slow, and takes a long time.” “What was the trouble about, Buck? Who did the shooting?” “Laws, how do I know. It was so long ago.”

(From *The Adventures of Huckleberry Finn*, Mark Twain.)

Unaddressed conflict, whether between individuals or groups, may become embedded in group norms, go unspoken and unrecognized for what it is, be passed around among people and between generations, and eventually become accepted as an immutable historical reality. We can see this dynamic at play in historical conflicts between nations or religious groups, and we can see it in ongoing conflicts between human service agencies and organizations.

In western society, we tend to focus on conflict between individuals and on settling the dispute and making reparations, often using a legal or quasi-legal process. Other cultures focus on a broader range of consequences – the harm done to families, groups and societies – and on mending damaged relationships (Jabbour, 1996). Recently, organizational development practitioners have begun to recognize that patterns created by extreme conflict and trauma can lead entire systems to become “trauma-organized” – inadvertently repeating the patterns of distressing emotions and behaviors that resulted from the original conflict (Bloom, 2004). Like individual trauma survivors, systems organized around trauma find it difficult to see their own patterns or to do the interpersonal and organizational work necessary to change established modes of interaction. Human service organizations will have a difficult time moving past conflict if the conflict is so well embedded that it feels “normal” or if the source of the conflict cannot be identified accurately.

Interagency Collaboration and Conflict Management. Identifying and intervening in organizational conflict is particularly important in light of the ever-increasing complexity of the human service “system.” The importance of service coordination and interagency cooperation in human services, particularly for children and adults with serious

behavioral health needs, has been recognized for over thirty years. Virtually every major policy initiative since the 1970's has emphasized the importance of interagency cooperation (Harbin and McNulty, (1990). Recent federal, state and local human service policy initiatives continue this trend, encouraging (sometimes even mandating) interagency efforts and supporting "cross-training" between agencies.

Much has been learned about collaboration over the past three decades. Factors that impede interagency cooperation have been identified, key elements of successful collaboration efforts have been defined, and methods for evaluating collaborations have been developed (Backer, 2003; Mattessich and Monsey, 2001). As a result, team-building interventions, visioning processes, and facilitated planning processes have flourished. However, issues of power and conflict often surface to disrupt the functioning of collaborative efforts. For example, Gunn and King (2003) report that even within ostensibly democratic and well-functioning interdisciplinary teaching teams, hierarchies eventually emerge, individualistic tendencies persist, genuine agreement is elusive, and members were often silenced. Despite these problems, application of the specific tools and techniques of conflict management to human service collaborations remains uncommon (Mazade et al, 1994).

Conflict Management, Resolution, and Transformation. The field of conflict management or conflict resolution is a large and growing discipline, with roots in psychology, business administration and law (Barsky, 1999). A significant body of literature has developed around issues of identifying, assessing and intervening with different types of organizational conflict (Rahim, 2002). Different personal styles of conflict management have been identified and used to improve small group performance (Farmer and Roth, 1998), and methods have been developed to facilitate effective change in large groups (Bunker, 2000) . Different cultural styles of conflict management have been identified and used to improve management of multicultural group conflict (Appelbaum, Shapiro and Elbaz, 1998).

Existing conflict management tools include alternative dispute resolution (ADR) techniques such as mediation and arbitration (Mazade et al, 1994), facilitation, structured dialogue processes, partnering interventions, and others. Many of these techniques have been applied within human service settings, although few rigorous evaluations exist (Barsky, 2001). Facilitation, dialogue and partnering interventions are particularly well suited for use during the early, developmental stages of a new project, to identify and address underlying source of conflict *before* conflicts emerge. Partnering interventions have become de rigueur in many government contracts since 1990, and have shown impressive results in both the public and private sectors (Maes, 1994; Maes and Slagle, 1994).

As the field has developed, there has been substantial debate and discussion about the impact of conflict, both negative and positive, on organizational and interorganizational functioning. It is clear that unaddressed or poorly handled conflict can have myriad negative effects on both individuals and organizations. However, it is increasingly recognized that in some cases, conflict can helpful in stimulating change or in actually

bringing about organizational transformation (Shelton and Darling, 2004). Bunker (2000) argues that there are some situations where “managing” conflict is enough – where our socialized desire for conflict *resolution* may be actually counterproductive, squandering potential opportunities for joint action. Similarly, Shelton and Darling (2004) suggest that reframing conflict from a positive perspective is one of the most valuable and transformative skills that a manager can have in today’s environment, where change is the only constant.

Maes (1994) suggests that most conflicts become harmful because individuals as well as organizations prefer to avoid confrontation, and that “avoidance, the need to be right, miscommunication, the ego-mind and not knowing the genuine case of conflict” are consistently present in destructive conflict situations. On the other hand, De Dreu and Van Vianen (2001) suggest that avoiding conflict is actually functional in some circumstances, especially where the conflicts are interpersonal in nature and where attempting to resolve them may distract team members from organizational tasks. It seems critical to begin examining the specific context and nature of conflict in order to determine the most appropriate intervention.

Conflict in Systems of Care. Since 1993, the federal Substance Abuse and Mental Health Administration (SAMHSA) has been funding development of local system of care sites through multi-year grants to local communities. The system of care model requires that effective partnerships be developed between parents and professionals and also between different service sectors.

Conflict is an inevitable outcome of trying to make dramatic changes in the way people think and act. Although little is written specifically about conflict in systems of care, there is a growing body of research looking at conflict in organizations and interagency teams that correlates directly to system of care development (Jones and George, 2003; Wall and Roberts, 1995; Vaaland and Hakasson, 2000; Rosenberg and Stern, 1971). Major sources of conflict identified include:

- Incompatible organizational goals and time horizons,
- Resource scarcity,
- Overlapping authority and task interdependencies,
- Incompatible evaluation or reward systems,
- Decision-making processes,
- Status inconsistencies,
- Prior history, and
- Interpersonal relationships.

The 2001 annual report to Congress indicates that, “grant communities consistently scored lowest on the principles of cultural competence and interagency collaboration” (CMHS, 2001, p. 15). The challenge of implementing system reform was also reflected in findings by Vinson et al., (2001), who noted that despite commitment to family involvement, this was “a source of struggle and discord for sites,” and that “few had established partnerships that both families and agencies felt were fair as well as effective.” In the Alaska site, Minton found that conflict over coordination at the state

level impeded implementation, and that many professionals and policymakers viewed the initiative as “promoting drastic change that was nonconsensual” – ie, highly conflictual (Minton, 1995). Similarly, Friedman, Paulson & Fixsen (2003) found that the greatest progress across grant communities was in implementing service delivery processes consistent with system-of-care principles, but that in getting multiple sectors to operate in a collaborative manner, the gains “appeared to be more limited.”

A recent mixed methods study by Evans, Armstrong and Beckstead (in preparation) examined collaboration among child serving sectors in systems of care in ten states. Using Greenbaum and Brown’s (2001) instrument, *The Interagency Collaboration Scale*, they found that states varied on attitudes, behaviors and knowledge regarding systems of care. The qualitative data failed to provide support for several common assumptions about systems of care, including the assumption that grassroots development would be more successful in fostering systems of care than top down approaches, and that policies associated with adequate resources would be more successful in fostering collaboration than policies without such resources. In the latter case, resources often fostered competition rather than collaboration among partner agencies.

Systems of care sites also report anecdotally that interagency conflict often impedes effective and sustainable implementation (Thomlinson, Boustead, and Blanch, 2004). Conflicts are often rooted in value differences, cultural identification, or perceived co-optation. Systems of care, like other interagency collaborations, appear to move through a series of developmental stages (Hodges et al., 2003; Osborne and Collison, 1998), suggesting that identifying and resolving normal conflict early on could help systems of care enhance their capacity for developing effective and sustainable community partnerships. At the current time, however, little literature exists about the nature and extent of conflicts in system of care initiatives, how conflicts are perceived by participants, or how the use of conflict management technologies could improve the likelihood of effective, sustained interagency partnerships.

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