

SARA'S STORY: CONSENT DECISION-MAKING TO THE RESCUE

The setting

Sara had worked for a few weeks as a consultant to a residential school for emotionally disturbed children, focusing on ways to help the school improve its operations related to safety. A professional facilitator and former mental health worker and administrator, Sara had had training in the sociocratic circle-organization model as part of her work in founding a model community. Sara was facilitating a tense meeting of about 20 persons including staff, the school director, and other school executives, to discuss closing the crisis stabilization unit and decentralizing the provision of crisis services. The current crisis stabilization staff would be reassigned to other residential units to provide support in situ, and the former crisis stabilization unit would be turned into a regular dormitory for boys. This recommendation was made by a task force consisting of staff across the organization who had analyzed the safety concerns in the crisis unit.

The general staff morale was low. Many workers felt that the administration was arbitrary and hypocritical, espousing staff inclusion in decisions but in reality ignoring staff. The director felt frustrated with the staffs' constant complaining and felt that several staff were only marginally competent.

Crisis in the meeting

Many meeting participants had opinions about this decision, some on subject, and some wandering off subject and nearly disintegrating into bickering about the reasons why the unit was failing. Everyone agreed that the current unit was not safe. One therapist was particularly opposed to the proposal because she thought that they needed an additional unit for girls much more than an additional unit for boys. The director of admissions was also concerned about closing the unit because it might affect the school's admissions, limiting the school to children with less acute needs.

Then, some of the participants started saying that they should defer the decision, and Sara realized she had to act. It had taken days to coordinate schedules and set up the meeting, and she needed a decision now - not four weeks from now. She hadn't planned to introduce sociocratic methods to the school, but here was a situation crying out for a consent decision.

Sociocracy mini-training

"Actually we can make a decision today," she asserted firmly. She could see several people exchanging amused, sardonic looks. They clearly expected her to fail. "I am going to give you a crash course on the decision-making methodology that

we will use. The process I'll describe follows a specific procedure using 'consent.' That sounds like consensus but it's not. One consents to a decision if it is within your range of tolerance. Let me give you a very simple example of what I mean by 'range of tolerance.' When I shop for clothes, I'm likely to pick a blue or green because those colors go well with my complexion. For variety, I might pick out purple, red, or even orange. But yellow is outside my range of tolerance because I look downright sick in yellow." The room began to relax a little.

"Let me give you a more serious example," she continued. "I enjoy relaxed, informal conversation with people, but I can also tolerate formal rituals on the one hand or bawdy locker room banter on the other hand. What I object to, what I cannot tolerate is angry shouting, hitting or humiliating, prejudicial statements of disrespect." Sara could see several nods of agreement.

"What I'm going to do now is ask each of you in turn whether you can consent to the proposal to close the crisis stabilization unit. In other words, is this proposal within your range of tolerance? The question is not whether this is your favorite direction, but whether you can live with it. If the decision is not within your range of tolerance, I will ask you to explain to us why it is not, i.e. what are your objections. So I'm not seeking your agreement, but rather seeking your objections."

First consent round

She picked out one of the people in the room and asked, "George, do you object to the proposal to close the crisis stabilization unit, provide decentralized crisis services, and reopen the unit as a regular residential unit for boys?" A few people in the room shifted nervously.

"No," answered George.

"Margaret, any objections?" Sara asked the young social worker sitting next to George.

"No objection," Margaret said quietly.

The next three people also consented to the proposal. Then it was the therapist's turn. "Well, I have an objection," she said with folded arms. "I'm fine with the part about closing the crisis stabilization unit; but I think it should be reopened as a regular unit for girls. We already have two girls on the waiting list, and I think we never have enough beds for all the female referrals. Besides without an additional unit for girls, I don't have many choices regarding the mix of girls who reside in each unit, while the boys' therapists have opportunities to mix and match boys already." Sara reflected the part of the proposal that the therapist found acceptable, and the objection, and wrote the objection on the flip chart. She continued around

the circle. No objections were raised until the Admissions Director stated that she objected strongly because she thought that admissions would become limited to those children with less acute needs. She suggested that if there were no in-house crisis unit, more hospitalizations would result. Furthermore, she stated that the guidelines for hospitalization were already fuzzy from her perspective.

"Now hold up," the director erupted, "That's not true. The state has clear guidelines about..."

"John," Sara said interrupting the director, "under the process I'm following we don't discuss the objections until we've heard from everyone." He acquiesced and she breathed an inward sigh of relief. It was a gamble to try this process without first training the participants. She turned and noted the objections on the flip chart.

Continuing around the room, she said to the next person, "Barbara, do you have any objections to the proposal?" Everyone else consented to the proposal, with several people throwing in statements of strong support because a regular boys unit represented greater overall safety.

Creative thinking about the girls' needs

Sara said to the group, "Good. We've completed a first round. It's very important to know that two of us would find the proposal intolerable. Returning to the therapist's objection, she asked for more information. The therapist gave an example of a situation where two girls on the same dorm had a hostile relationship that had erupted in a fight. She had no other dorm to use to separate the girls, so she had moved the most volatile girl to the crisis unit. Without that option, I would have been stuck with not other way to separate them until we could work it out." Two other people in the group chimed in with plausible alternate solutions, including bringing crisis intervention services to the girls' dorm to mediate the conflict on the spot. A second suggestion was to use a vacant extra bed, reserved for guests and rarely used, to serve as a 'cooling off' area for the girls. Mulling over these ideas, the therapists became somewhat enthused about the more flexible approach to crisis intervention, and stated that if those supports were in place, she would not have an objection to the proposal. She ended by emphasizing that she would still rather have another girls dorm, but that she could live with the proposal.

Creative thinking about the state guidelines

"Now let's focus on the hospitalization concerns," said Sara. Turning to the director she said, "John, would you share your thoughts about these?"

The director talked for a few moments about the existence of state guidelines for referring

the children for psychiatric care. He declared that he couldn't understand why any concern about guidelines should hold up the decision to close down the crisis stabilization unit. Sara then asked the Admissions Director who explained that referrals to the crisis unit had been informal because the unit was under school control and located on the school's grounds, and didn't represent a discharge from the school. Yes, there are state guidelines, but they didn't address the specifics of the school's situation: insurance criteria, transportation arrangements, liability and so forth. The finance manager said she was particularly concerned about the lack of clear internal criteria for making the judgment calls necessary to initiate hospitalization.

Sara then asked, "would you be able to live with this proposal if it were modified to include an ad hoc committee consisting of you, the Medical Director, and Director of Clinical Services to produce initial guidelines by Thursday two weeks from today?"

"In that case, I could live with it," responded the Admissions Director. Sara then outlined a process for publishing draft guidelines, soliciting comments from other staff and finalizing the guidelines based on comments. Then she restated the modified proposal with the addition of the guideline work.

Second consent round: decision made

Sara conducted a second round. The round moved quickly, with each person indicating no objections. After the last person had shook his head to indicate no objection, Sara said cheerfully, "Good work, everyone! We've all just made an important decision."

There were pleasant looks on many faces. John, the director, spontaneously said, "this is great!" After a minute or two of detailing the process on guideline consideration, the librarian raised her hand. With a puzzled look on her face, she asked, "So, when will the decision be final? In the past we've had meetings like this and thought we made decisions, then the Executive Committee changes them."

Sara explained, "The decision is final. The Executive Committee was here, and they all consented. That's it." The Executive Committee members nodded their concurrence.

Another person said, "I hope you'll tell us more about your process. We never come to decisions this crisply."