Everyone designs who devises courses of action aimed at changing existing situations into preferred ones.

Herbert Simon

Ten things all interventionists should know about intervening
By Kenny Bailey, Lori Lobenstine and Rob Peagler

1. Know the order in which you intend to intervene.

There are first order interventions (addressing things you can get at directly) and second order interventions (addressing things you CAN’T get at directly). For example, altering conditions within a given established relationship can be a first order change, while changing the very nature of the relationship would be a second order change.

“As a game designer you can never directly design play. You can only design the rules that give rise to it. Game designers create experience but only indirectly.”
From Rules of Play
Salen and Zimmerman

Thinking about this description of game design as second order intervention can be helpful as we think about our own interventions. So, “we need more people” could lead to “let’s do more recruitment” (first order), while “we need people to care more about violence” definitely requires second order intervention.

2. “Disco Inferno” – Using discovery to understand what you’re intervening into on its terms.

The better you accurately see what’s actually there, the better your chances for framing the optimal problem and forwarding the most nuanced solution. This requires casting a wide net as you look at a situation, being open to unexpected causal relationships, and continuing to do discovery even as you try out your intervention, as you do it full scale and as you evaluate it.
An example of this is the population growth rate going down in Kenya. There are lots of reasons put forth for this by folks who have intervened on it (more girls getting more education, more birth control availability, etc.) While these may all be true, it’s interesting to ask young people about how many children they will have, and why. Almost invariably they mention a small family and attribute it to how much school fees are for each child. (Which was probably not put in place as a family planning measure!)

3. And any situation involving human beings is more than likely a hot mess with multiple moving targets.

Laing was concerned with the study of people in situations, especially people in a social crisis. Crucial to this was his insight that no one in the situation knows what the situation is (Laing 1971 p.31). The situation has to be discovered (p.33). The stories people tell about the situation, do not tell us simply and unambiguously what the situation is. These stories are a significant part of the situation, but there is no reason to believe or disbelieve a story because someone tells it. The history of a situation is a sample of it, one person's way of defining it.

To study a situation one has to enter it and try and keep a clear head, for critical situations are usually confusing to all concerned. One then finds one is involved in a process, because the situation changes as soon as one has entered it. Each interpretation is an act of intervention that changes the situation, which thus invites another interpretation. So a movement of deliberation, negotiation and engagement is started which hopefully leads to a desirable conclusion for all. It is not the imposition of one person's demands on others; it is political and not managerial.

From Laing and Psychotherapy by John M. Heaton

Recognizing the complexity of humans and our problems is a reminder why first order solutions don’t often get to the bottom of an issue. But as we plan multi-pronged, multi-layered interventions with super-layered real people, it pushes us to the edge of our craft. We need to design for complexity and for emergence (the wonderful and awful unimagined things that develop out of our carefully planned interventions!).

4. The medicine man got it!

From Mary Douglas’ retelling of Victor Turner’s “Ndembu Doctor in Practice”, from her book, In Purity and Danger

The Problem

Physical - a person with symptoms of palpitations, severe back pains and disabling weakness.

Psychological – being convinced that the other villagers are against him and withdrawing from social life.
The Interventionist

The Ndembu Doctor

The Intervention

The doctor proceeded by finding out everything about the past history of the village, conducting séances with everyone in which everyone was encouraged to discuss their grudges against the patient, while he aired his grievances against them. Finally doctor engaged the village in the patient’s treatment, blood cupping. The crisis of expectation lead to a burst of excitement as the doctor ended the treatment by extracting a tooth from the bleeding, fainting patient. Joyfully the villagers congratulated him on his recovery and themselves on their part in it. They had reason for joy since the long treatment had uncovered the main source of tension in the village. In future the patient could play an acceptable role in their affairs. Dissident elements had been recognized and shortly left the village for good. The social structure was analysed and rearranged so that friction was, for a short time, reduced.

The effects of the intervention

The back-biting and envy of the villagers, symbolized by the tooth in the sick man’s body, was dissolved in a wave of enthusiasm and solidarity. As he was cured of his physical symptoms and they were all cured of social malaise. These symbols worked at the psychosomatic level for the central figure, the sick man, and at the general psychological level for the villagers, in changing their attitudes, and at the sociological level in so far as the pattern of social status in the village was formally altered and in so far as some people moved in and other moved away as a result of the treatment.

Design Studio comments

Honestly, we don’t know how the doctor decided on pulling the tooth versus doing something else. That knowledge I’m sure he kept to himself. But what we find exciting about this case is the doctor’s understanding of intervention. That his intervention had to hit the individual, physical, psychological registers and the social / political one all at the same time and in a particular way because they are all interconnected.

5. Respect the Magic Circle

“All play moves and has its being within a play-ground marked off beforehand either materially or ideally, deliberately or as a matter of course….The arena, the card-table, the magic circle, the temple, the stage, the screen, the tennis court, the court of justice, etc., are all in form and function play-grounds, i.e., forbidden spots, isolated, hedged round, hallowed, within which special rules obtain. All are temporary worlds within the ordinary world, dedicated to the performance of an act apart.”
Recognize what lengths we and others will go to if we’re excited about the magic circle. We will play video games for hours, chat with strangers on myspace, pay hundreds of dollars to watch a play or sports event. When we say, “Oh everyone’s too busy”, we may be inviting them into something that doesn’t feel that magical! We can’t disrespect the power of fun, play, and joy both in terms of being attractors and much-needed creative generators in our work.

(And remember, it’s not about what YOU think they need or don’t need; what YOU think they can or can’t handle; or what YOU like doing and think other people should like doing– so creating a magic circle can require turning disco onto one’s self.)

6. Changing the prescription or upping the dosage?

Sometimes we are so sure that what we are doing is right, our only goal seems to be upping the dosage. “Can we reach more youth?” “Can this be a model program?” Frequently, we base our enthusiasm on our love for our intervention (see #7), as well as on evaluation into why and how our intervention is working for those it is.

But what about those it’s not working for? Upping the dosage can cause sickness! We need to be open to changing the prescription sometimes too. (And looking for, and listening to, the folks who aren’t involved in our successful interventions.)

7. Your intervention is not your child.

Ooooh, don’t be callin’ my baby ugly!!!!

We often become emotionally attached to the interventions we try in situations, such that we can’t pull it if it’s not working. We become defensive, narrow-visioned, and nose-to-the-grindstone, thinking either “I’ll show them” or “If I just work harder this will work”. Sometimes we have to be open to the fact we may be on the wrong path, or at a false maxima. (We think we’re at a peak, but really it’s just a little hill, and if we could walk back down and look around, there might be a much higher peak in just the other direction.)

8. How you show up is a part of your intervention.

Sometimes we forget that “our very bodies” are a part of our intervention. Who we are, what we bring in terms of history, affect, skills and style, are all a part of the overall intervention. We cannot look at our interventions without looking at ourselves.
9. Know what you’re working with….

“Pay LOTS OF attention to the man behind the curtain!”

When the hijackers hit the World Trade Center on 9/11, they had a terrific understanding of what they were working with. In under 30 seconds, they changed the landscape physically, psychically, financially, politically and globally.

Often we are caught up in our own little corners of the world, or our own long-standing theories of change, even our own notions of good vs. evil. This can keep us from seeing the big picture, seeing our landscape changing, seeing new allies or enemies, or even understanding where our neighbors are coming from.

Even as we work tremendously hard, we often miss important levers that could move things much more easily.

Understanding Levers—ABIDE.
  A—attractors
  B—barriers and boundaries
  I—identity
  D—diversity
  E—environment

10. Intervention is always risky.

We must remember this for a few reasons. Sometimes we default to what we know works to some degree, what we know is fundable, what we know doesn’t seem too out of place. Usually the more we default to this, the farther we are getting from effective intervention. These are crazy times, and they require some crazy-sounding interventions!

Additionally, as we check in with ourselves about our own psychic ability to take risks, to act silly in the face of desperate times, to risk people’s anger or our own well-being, we must also take care of ourselves, give ourselves permission to fail, to play, to rest, and to eat!