Leadership and Change

Change is the law of life. And those who look only to the past or present are certain to miss the future.
—John F. Kennedy

Every leadership book is about change. September 11, 2001, taught us that change is often unexpected. Leaders need to better understand the dynamics of change if they are to become change agents themselves. Mahatma Gandhi once said that it is important to "be the change you want to be in the world." The artist Pablo Picasso said, "I am always doing that which I cannot do, in order that I may learn how to do it." One of the best quotes on change from an unknown source is, "If nothing ever changed, there would be no butterflies." This chapter will explore change and some understanding of the process and tools of change. The Robert Wood Johnson Foundation and the W. K. Kellogg Foundation Turning Point Initiative to build public health capacity to better improve the health of the public through collaborative partnerships began in the mid-1990s. The Turning Point projects were all about change. Case Study 24-A presents one of the interesting stories from this initiative.1

Although it is true that change can be planned, we do live in an age where unanticipated change events such as terrorist attacks and other crises come into our lives in an unpredictable way. Most theories of change have assumed that social change is a continuous process, but the events of the past few years clearly create discontinuities in our social structure and in our personal lives. What crisis forces us to do is view these major change events in terms of explanation rather than prediction. It is necessary to trace the event backward to garner information that will allow us to prevent or better predict similar events in the future. Chaos theories show that an understanding of how to address potential crises is tied to an awareness that unanticipated events (and the changes that occur because of them) are now part of the social fabric of our lives. All crises create messes and may lead to more crises and more complex messes.2 Systems thinking approaches are critical in addressing emergencies and the effect of change on communities. This chapter will look at the stages of change and how transition in our lives may be as important as our understanding of the process of change.
Collaborating for Community Health

Bob Cassa serves his community by developing the conditions that will keep the population healthy. In this case, his community is a nation within a nation, the San Carlos Apache Nation in Arizona. A public health educator with the Indian Health Service, he coordinates, organizes, and implements a variety of health promotion and disease prevention activities in the schools and community. He especially loves working to improve the health of kids because he remembers what it was like to be young and making life-altering decisions. One of those decisions led him to public health and back to the San Carlos Apache Nation.

Twenty-nine years ago, San Carlos tribal leaders saw the future of their nation in a promising kid and encouraged him to pursue higher education. When Bob first started at Arizona State University, his options were wide open, but he soon found himself in pursuit of a B.A. in health services. As a child, Bob recalls being a patient in the local hospital, where he remembers noticing the great number of nonnative doctors and nurses. His decision to go into the health field came in part from his awareness of the need to increase the number of native providers. After receiving his bachelor’s degree, he followed up with a master’s in public health from the University of Hawai’i. He started his career with Indian Health Services (IHS) in 1985 in Nevada but soon found his way back home to San Carlos in 1988.

Bob had already been serving in his community for 16 years when he was asked to participate in a training program called the Academy Without Walls. Created by Arizona Turning Point and the Mel and Enid Zuckerman Arizona College of Public Health, the academy delivers training to frontline public health workers in Arizona. San Carlos was chosen as a pilot site for the academy’s competency-based training in basic public health science skills, community dimensions of practice, and cultural competency. Tribal health department employees and the employees of the Indian Health Service Unit planned to participate in the academy together to strengthen communication and collaboration between the two entities.

For Bob, the experience allowed him to revisit key principles in health education and the underlying purpose of public health. For others, some or all of the information was new. The training sessions prompted Bob to identify how he could improve health education through better collaboration, communication, community assessment, and community participation. Bob recognized that although he and his colleagues valued collaboration, in the daily activities of doing their jobs, the importance of collaboration was sometimes lost.

The Academy Without Walls provided public health workers who serve the people of San Carlos with tools, resources, ideas, and the opportunity to explore collaboration. Several agencies in San Carlos had been planning programs for kids during spring break. As a result of their participation in the academy, some IHS departments and the tribal health programs collaborated with other community groups, such as the Boys and Girls Clubs, to put on a spring break event together. The larger event allowed them all to do more for the kids with the same resources. The spring break event and the lessons learned from the Academy Without Walls are living on in San Carlos. Agencies and community groups now collaborate in other ways to improve health and are moving in a new direction to achieve public health gains together.

Change is a process of moving from what has become an obsolete present into a revitalized present with an eye on the future. Change also means that the old rules do not seem to be working anymore, and new rules and procedures need to be developed for the changing context in which we live today. The quote by President Kennedy at the beginning of this chapter reinforces these ideas. Schein clarified the issue of change and why people are often resistant to structured and unstructured change. People like equilibrium in their lives. The process of coping, growth, and survival are measured against some sense of stability in their environments. Some of this stability comes from the culture, shared values, routines, and some ability to predict how our day-to-day activities will play out. These assumptions are shared with the people with whom we interact.

Unanticipated change clearly disrupts the equilibrium of people, organizations, and their communities. We now live in an age of constant and speeded-up change. The question is how to adapt to these changes or how to live in a world of unpredictable change. When change transforms a culture or community, people need to unlearn the old rules and also learn the new rules. Change can be incremental or slow and intense. This latter type of change is sometimes called deep change. The good news about incremental change is that the process is so gradual that people, organizations,
and communities can adapt to the changes more easily. Another advantage of incremental change is that it is possible to revert to the prechange stage more easily because the change process is so gradual. Deep change is much more profound in that it requires new ways of thinking, feeling, and behaving. It is not possible to go back. There has been a tipping point. We cannot go back to our pre–September 11, 2001, lives. Thus, deep change is a major change that breaks with the past.

Change can be seen in the context of surprises. We live in a world of inevitable surprises. The things we do know are that these surprises will continue to occur, perhaps at a much faster rate than in the past. Second, we know now that surprise is inevitable, but we can plan for the things that are not expected. We can, even with some degree of accuracy, predict how certain types of crisis events will play out over time. One critical set of skills is creating different scenarios for different types of events. For example, it is possible to create scenarios about the effect of a terrorist event similar to September 11, 2001, from a number of perspectives. Exercises 24-1 and 24-2 will give you the chance to explore surprises and create some scenarios for the future.

Schwartz also explored some lessons that he believed we have learned about change and these inevitable surprises. First, it is important that change agents keep looking for clarifications of a surprise event. Conversations between individuals who have been involved in similar events can often provide new information, interpretations of happenings, and new understandings of the variations in outcomes of different types of surprise events. Successful leaders also become better at prediction and timing related to surprises by watching for what factors will speed up events and which factors will slow them down or stop them in their tracks. Change agents become more aware of warning indicators and are adept at developing skills related to early detection. It is possible to discard techniques and approaches that might create environments for crisis.

It is also important for leaders to be careful not to deny the potential for surprise events. It is important for leaders to understand how they judge things. Each of us has different learning and behavioral styles. Our perspectives and judgments are affected by these styles. It is worthwhile for leaders to explore these issues either through using some leadership profile instruments or through working with executive coaches who specialize in these analyses. Once again, it is important to emphasize lifelong learning for leaders. Different leadership tools and skills are required for different times and events. Leaders need to better understand how their actions are seen in their organizations and in their communities by their partners and by community residents. It is clearly critical for the public health leader to cultivate these community connections because all traditional public health activities and emergency preparedness and response activities are community-wide efforts and not just the work of one individual.

**STYLES OF CHANGE**

The public health leader has to be both a catalyst for change and also a reactor to change caused by unanticipated consequences. Leaders have different change styles. Musselwhite has studied the issue of styles for a long time. His organization developed an instrument to define and test change styles. From more than 10 years of research, three primary change styles have emerged.

**The Conservers**

Conservers are people who are able to gauge reality in a pretty accurate way. They also like structure and tend to work well within frameworks or organizations with well-defined rules and regulations. The conservers also tend to follow continuous quality improvement techniques. When they support making changes, they want to go slow and methodically. They have many strengths in that they see the details of every situation. They are steady and reliable, they honor commitments, they encourage people to follow the rules, they investigate situations thoroughly, they see all sides of the issue when change is contemplated, and they work to protect the integrity of the organization or community. On the negative side, they tend to be so conservative that opportunities for progress may be passed by.

**The Pragmatists**

Pragmatists are task oriented and tend to want to get things done with clear results. They are less concerned than the conservers with maintaining the structure of the organization or with things as they currently are. They tend to focus on the action plan phase of the Leadership Wheel. They want strategies for change and want to see them implemented. They also support the development of scenarios of possible outcomes. Whereas the conservers take a more evolutionary and gradual approach to change, the pragmatists react to the situation and do what needs to be done in a timely fashion. As leaders, pragmatists are very practical, open to exploring different approaches to solving problems,
respect other people's opinions, build teamwork, and move teams toward making decisions. They are good facilitators who also know how to tie theory to practice. These are the people who walk the walk. However, they sometimes have trouble making decisions. They straddle the middle of the road. Their indecisiveness may lead to decisions that are not made in a timely fashion.

**The Originators**

Originators are the people who like to challenge the process. They like to make things happen. They are innovative and creative. They also seem to search for opportunities to create change. In many ways, these leaders are revolutionaries. They tend to be navigators rather than rowers or helmsmen. They are systems thinkers who are big-picture thinkers and tend to be less concerned with the details of implementation. As leaders, the originators are clearly change agents, are enthusiastic, are visionary, tend to multitask, and are analytic, in the sense that they look for unique ways to put things and situations together. However, they do sometimes threaten their organizations and communities because they are less concerned about the status quo. This disturbs many people. Musselwhite and Jones have found that the originators make up about 25% of the population, the conservers another 25%, and the pragmatists are the most prevalent and make up the remaining 50% of the population. Exercise 24-3 will give you the opportunity to experiment with the ways leaders would react to a terrorist event depending on which change style they favor.

**UNDERSTANDING CHANGE**

Over the years, there have been many theories and explanations about change and its meaning. In this section, there will be a review of two contemporary approaches to change that give public health leaders two influential approaches that are useful for increasing understanding of the challenges facing public health in this new century. One proposes an eight-stage approach to carry out change initiatives in organizations and communities. The second approach presents change from the perspective of resilience and the ability of people to adapt to change.

In reviewing older theories of change, Musselwhite and Jones found that most of the perspectives could be boiled down to four general stages:

- The first stage involves acknowledging that a threat exists or that change is needed.
- The second stage is the reaction of people to the threat or change.
- The third stage is the need to investigate and determine the kinds of change that are needed.
- The fourth stage is the implementation phase.

The challenges that our country faces seem to be increasing. There were many threats to our way of life prior to September 11, 2001. All these societal and economic factors affect our organizations as well as our communities. In 1995, Kotter pointed to technological advances, international economic policy, expansion of global markets, maturation of markets in developing countries, and the changing of the guard in many countries, especially with the fall of most communist and many socialistic regimes, as factors affecting American communities. To this must also be added the increase in terrorism and the potential for bioterrorist acts around the world. People change when their behavior changes, and their behavior changes because leaders speak to the feelings of individuals. It is important, when change is occurring, that the solutions are seen in terms of emotions and not just changes in people's minds. Thus, the central issue in change is not just strategy, structure, culture, or systems change, but how people see the proposed change and how it affects their feelings about the changes proposed.

Kotter and Cohen looked at this perspective from the vantage point of an eight-step model (which Kotter had developed earlier) for successful large-scale change. Whether a change is planned or unanticipated, a sense of urgency has to be generated before any change or adaptation to an unexpected change can occur. Crises clearly increase the sense of urgency. The second step involves the development of a team or coalition to guide the change or reaction to crisis process. This means that the selection of a group must also be representative of those who will be affected by change. Third, there needs to be a vision toward which to aim. The vision will lead to the development of goals, objectives, action plans, and implementation. Next, the change, vision, or adaptation strategy has to be communicated to all affected partners and community residents. What the public health leader needs is acceptance, participation, and commitment from all the affected parties. Fifth, it is necessary to empower people to be a part of the action necessary to bring the changes into being. Sixth, it is important to emphasize short-term wins to keep people involved in the process.
Seventh, it is important to maintain the momentum of the process by showing connections between the gains and the need to produce further changes so that the projected outcomes will occur. Finally, step eight involves making the changes stick and also fitting the changes into the cultural fabric of the community.

Table 24-1 presents the eight-stage model with the behavioral changes that occur at each stage. Culture and values change last and not first. In addition, the first seven stages are easy compared with step eight. Before culture can change, behavior has to change. People need to feel that the changes are necessary for the future growth of an organization or a community. It is important for behavior to change with each step of the process. Exercise 24-4 gives you the opportunity to apply the model to a community trying to improve its security-planning activities.

Conner stated that it is not enough for leaders to recognize that change is necessary. The critical issue is how individuals can adapt to change. Leaders are most effective and efficient when the process of change occurs at a speed at which the leader can absorb and assimilate the changes in a reasonable way. In this second perspective, the issue of changes involves the resilience of the leader and others to adapt to the changes occurring in their environment. The resilience factor is the most critical factor if successful change is to occur. Resilience is affected by seven support patterns. What the concept of support implies is that each support pattern will aid the leader or increase the capacity of the leader to assimilate or process changes that are needed in the organization or community. Changes in one part of the world affect the lives and communities of all other people and places.

The first support pattern involves the nature of the change. For the leader, a concern is whether the change can be controlled. There is also the issue of whether the outcome of the change event can be predicted. The level of disruption is also a part of the nature issue and is greater for unanticipated events such as terrorist or bioterrorist events. Conner stated that all changes have associated costs. Leaders need to determine their ability to assimilate the effects of change. It is possible to imagine that each person has a certain number of assimilation points and that people who are resilient have more points to use. If the change affects the individual only, this is a micro change. Organizational change means each person in an organization or agency must change. Macro change is when everyone has to change whether they want to or not.

The process of change is the second support pattern. Resilient leaders see change as a process, where less resilient people see change as a yes-or-no situation, in which change is moving from one place to another over a period of time. There is a transition between these two end points. The less resilient have difficulty with the ambiguity of the change process. Resilient people accept change as a part of life and believe that it is possible to manage that process. Leaders do not worry about the ambiguity of the process. This does not mean that the resilient leader does not feel stressed at times. Some change events are unpredictable in terms of when they occur and how they will affect all those concerned. Stress is also a part of the human condition.
The third support pattern relates to the roles of change. Resilient people are aware that the roles and relationships between people change during change events. For example, during an emergency event, the incident command system, which was discussed earlier, changes traditional roles and relationships into predetermined roles and relationships required during the emergency. There are four special roles specifically discussed by Conner during change. First, there is the sponsor. This is an individual who has to legitimize and sanction the change activities whether in reaction to an emergency event or in anticipation of an intended change. Agents are individuals or groups who are responsible for reacting to the event or for making the change if it is a planned activity. The targets of change are those who have to do the changing. The final role relates to the advocate. This is a person or group that supports the change or the implementation of a reaction procedure, but does not have the power to implement the process.

Resistance to change is the fourth support pattern. Leaders expect that there will be resistance to change or the effects of unanticipated change events. Open resistance is a healthy process that brings all issues related to the change out in the open. It is covert resistance that is not healthy. Resilient people see the positives in the change process. Less resilient people see only the negative. The issue of realistic expectations is also important in that there will be resistance if people feel their expectations are not being met. After September 11, 2001, many people became resistant to the many security measures that needed to be imposed. I remember seeing the resistance and anger of some individuals at airports who were upset with the increased security measures. It also seems as if some people become more resistant if they think the security precautions are permanent rather than temporary.

The next support pattern involves the issue of commitment. As mentioned earlier, change has costs. If change is to be successful, all individuals must pay those costs. Conner pointed to a number of issues that affect the level of commitment. First, the commitment will increase if people put personal resources such as time, money, and energy into the change process. Second, there needs to be allegiance to the goals that the change process is to achieve. This level of commitment needs to continue even if the changes take a long time to occur or if the proposed changes increase stress or ambiguity. Although small wins are nice, the goal always needs to be on the prize at the end of the process. Next, there may be adversity, but it is important to be steadfast. Finally, leaders know they will need to be creative, innovative, and resourceful in removing blockages to the achievement of the end changes that need to occur.

The sixth support pattern relates to the cultural dimension, which is critical in that the outcome of any change is affected by culture, shared beliefs and values, behavior, and the ecological nature of the community and how all these factors change over time. Cultural variables are hard to change. Behavior must change first. Behavioral change will affect attitudes, which in turn will affect beliefs and values, which in turn will eventually affect the culture as a whole. Leaders must understand how their organizations and communities work. They must be willing to spend the time showing their organizations why change is necessary. There still needs to be a concern about the values of the community and how they can be modified to accommodate the necessary changes that need to occur. Resilient leaders also know that not all people will react to change in the same way or in the same timeframe that the leader is proposing.

The final support relates to synergy, which can be demonstrated in terms of four steps. First, there needs to be interaction among team and community members. All parties to the change need to communicate with each other and generate trust and credibility. Second, there needs to be "appreciative understanding," which relates to the ability to use and value diversity. The third step is integration, which relates to the blending of people with diverse backgrounds and diverse perspectives on the proposed changes. The fourth step in synergy is implementation, for which there must be successful wins. The diverse views must come together and create products of the change that add value beyond the inputs to the change. Thus, the resilient leader needs to be able to make $1 + 1 = 3$ or more.

More recently, Conner pointed out that change seems to be speeding up. Organizations and communities will have to become nimble. We live in a time of potential chaos and complexity that requires constant changes to adapt to these unexpected events. An organization or community must develop strategies for success in unpredictable times and environments by implementing critical changes as effectively and efficiently as possible. The ability of the organization or community to adapt to constant change is important if these entities are to become nimble and increase their chances for successful change.

In addition to the above change factors, other factors also need to be considered. As can be seen in
Figure 24-1, resilience is an issue at many different levels. There is resilience in reaction to a disaster or emergency of some kind. Political resilience can be seen at the political level as politicians react to the constantly changing landscape of real-life issues such as a recession. Individuals have different levels of resilience depending on given events. Finally, the response to change may be organized and structured or disorganized and chaotic. The incident command system is often utilized in emergencies to help structure response.

**Change and Adaptation**

Much of the discussion of change in this chapter relates to the effect of intended and unintended change on an organization or community. Although change affects the lives of people in these entities, there does seem to be a difference in the ability of people to adapt to change and the change process itself. There are two interesting approaches to understanding adaptation in people. Conner discussed what he called the adaptation reflex in terms of a four-step model. Initially, there is the disturbance in the equilibrium of the environment in which the individual lives or works. This disequilibrium leads to the attempt by a person to try to adjust to the changed situation to regain personal control. An individual will explore options to regain a sense of equilibrium. The event either will appear to be strange or will appear to be somewhat familiar (conventional). Second, a decision needs to be rendered that leads to some clarification or judgment about the meaning of the event. This is followed by a response to the situation and, finally, a realignment process in which the individual develops new or modified behaviors to adjust to the change event. The response is the attempt to restore balance. The response can be adaptation with new behavior, avoidance, or assimilation of the event within the existing framework of reaction to change. In summary, the adaptation reflex involves moving from one state of equilibrium to another.

Bridges saw all adaptation as a series of transitions that occur throughout an individual’s life. Transitions are clearly different from the change process itself. For the individual, all change is about a loss (an ending stage), whether it be a loss of old ways of doing things or the loss of a loved one. The ending is almost like the death of someone. Endings create disengagement, sometimes a disorientation as to who the person really is, disenchantment: with the way things used to be, and sometimes disorientation, or perhaps denial, and a sense that life has been changed by the event. This sense of ending is clearly exacerbated when a terrorist or bioterrorist event occurs. The sense of loss is generally followed by a period of disorientation and confusion that varies in length for each person and for each
type of change event. It is important for the individual to learn that this “neutral zone” is not an abnormal one but just a time in which the individual is learning to cope with the changes in his or her life and also learning to let go of the past. Recovery can thus be a long process. This recovery period eventually leads to a new perspective that Bridges called a “new beginning.” As Conner previously pointed out, individuals go through adaptation in different ways. The new beginning can be very exciting in that it offers the person new opportunities and new life possibilities.

The public health leader needs to develop the skills to understand his or her adaptation responses to different types of events and to understand the three stages of transitions. The leader must also realize that each person experiences these things in different ways. Recovery and adaptation will be different for each member of the community. Simple expectations about change, adaptation, and transitions are complex and will affect the recovery effort after any change, crisis events, and other life-modifying occurrences.

**PUTTING THE PIECES TOGETHER**

Although there is not a perfect fit between the theories and perspectives discussed in this chapter, it is possible to attempt this integration, although imperfect, to better understand the effects of planned and unintended changes in our society. Most of the skills and perspectives discussed come into play as part of the leadership toolbox that the public health leader who wants to be prepared puts together over his or her professional career. Figures 24-2 and 24-3 show flowcharts for the two types of change. A cursory look at the two figures shows many similar processes at play during the change process. The figures show that changes during and after a crisis are complicated by the possible effect of activating the incident command system during the crisis.

Figure 24-2 looks at the process of planned change. The need for change in an organization or community requires the leader to respond to the need. Although many may be aware that changes are needed, it will be the leader who triggers the response. It is clear from our earlier discussion that different leaders will respond in various ways. The resilience factor comes into play in that the high-resilience leader will probably respond differently than the low-resilience leader. The high-resilience leader is more flexible and willing to change. The high-resilience leader will make a decision based on need and the facts at his or her disposal to either move slowly or move more quickly and comprehensively to create the necessary changes. This leader may move incrementally, but probably never looks back. If deep change is needed, this leader will take the risk and make it happen. Kotter’s eight-stage model could then be followed to bring about the changes and create a new environment as a result of the changes. The leader is also aware that the changes will not be complete until most, if not all, of the affected individuals have been
able to adapt to the changes by seeing that a new beginning is possible.

In contrast, the low-resilience leader will probably treat similar needs for change in a different way. This leader will explore maintaining the status quo as a viable option, because change tends to be traumatic for people, and it appears that adaptation to the change will take too long to accomplish. The low-resilience leader always seems to be looking for a way out. Even if this leader decides change is necessary, he or she finds it hard to create a sense of urgency for change. If change is required, the low-resilience leader will probably opt for incremental change because it allows people the chance to adapt to the change gradually. It is also possible under this model to return more easily to the starting point than it is with deep change. If change is needed, the process will begin. Using the Kotter model in Table 24-1, steps 1–6 will probably occur. The final steps of not letting up and making the changes stick will be difficult for the low-resilience leader.

Although there are many similarities in the change flowchart for change due to a crisis, there are still differences. As shown in Figure 24-3, the change event comes out of a chaos perspective when the status quo is destroyed by some generally unanticipated event. This emergency event triggers the need for not only adaptive responses, but also further changes in the organization or community. There needs to be a response by the public health leader whether or not that leader is a high-resilience leader. The change process may need to be filtered through an overlay response that is triggered by the activation of the incident command structure of the community. However, the leaders will need to respond to guide the change process in their organizations or communities while incident command is operating. The public is already feeling a loss of the way things were, and some people will already be trying to adjust to the loss and will have entered the neutral zone that Bridges discussed.

The high-resilience leader knows that further changes are inevitable. A way of life has been altered by the emergency event. This leader will have to decide whether incremental or deep change is the best strategy. The event has had major impact. Some leaders will decide that it is necessary to slow the change process because deep change will cause further trauma. However, the nature of the event may also require deep change because incremental change will not work. The sense of urgency has already occurred with the crisis event. The high-resilience leader needs to maintain the sense of urgency as the stages of change occur. The high-resilience leader knows that it is not possible to return to the precrisis event stage. Community and organization life are forever changed.
The low-resilience leader struggles with the need for further changes as a result of the emergency event. This leader may try to maintain the status quo, even though the old status has changed. This leader may opt for no further change so as not to disrupt the lives of people too much. Sometimes, the low-resilience leader recognizes that some further change is needed even though it will be painful to bring it about. This leader will probably go for an incremental change approach without great enthusiasm. Kotter’s steps 2–6 will probably occur without the final steps that will sustain the changes over time. The low-resilience leader will probably believe that it will eventually be possible to return to the way life was before the emergency.

The goal of this section has been to begin to create a perspective on change that builds on the multiple models of change that have been studied. As more is learned about change, it will be possible to add to the synergistic model presented in this section and begin to better understand how change occurs when it is planned and when it is unplanned. Axelrod believes that both the Kotter and the Conner models are part of what he calls traditional approaches to change management. The new approach to change management needs to involve a major concern with engagement. First, it is important to increase your circle of involvement with both internal organizational and external stakeholders. Next, it is important to increase the connections with these stakeholders. Third, Axelrod argues for communities of action and stresses fairness in all change activities. In addition, leaders need to build their change activities honestly and with transparency and trust. In public health we often confront new crises. As an example, Case Study 24–B addresses the public health issues related to school violence and the necessity of developing new strategies tied to this issue.

Code Red: A Public Health Approach to School Gun Violence
A Case Study in Assessment and Policy Development
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Abstract
The purpose of the case study (Code Red) is to demonstrate why school gun violence is a public health issue and to draw attention to the need for policy to address it. Traditionally, the concept of “safe schools”—addressing the global problem of violence in schools—has been managed under the auspices of the school systems, the Department of Justice, and the Department of Education, along with a number of community coalitions that have investigated youth violence. However, with the publishing of Deadly Consequences by Dr. Deborah Frohwein-Sith and Michael Weissman in 1991, the challenge was issued to consider the problem as a public health issue, citing, “Public health people understand that behavior is difficult to alter and that change comes not as a result of a quick fix, but following a steady barrage of interventions that erode destructive attitudes and behavior over time.” Former Surgeon General of the United States, C. Everett Koop, captures the essence of their message in the book’s introduction with, “The discipline of public health possesses the solution to the mounting toll of violence in this country. The public health approach seeks to prevent tragedy; it seeks to identify and treat young males who are at risk for violence before their lives and the lives of those around them are ruined. The discipline of public health provides strategies to stop violence before it maims and kills.”

Public health offers a community-based approach to health promotion and prevention of injury or disease. Utilizing a primary prevention focus, practitioners assess behavioral, environmental, and biological risk factors with the goal to educate individuals and communities and to protect them from these risks. Code Red specifically addresses the assessment core function. The ensuing team discussion details the policies integrating public health that need to be developed to address school gun violence.

This case study is a fictional account of events, based on actual events (Ramsland, Handlin, Flondreri, et al.), that occurred in Redtown, Midwest, as the town struggled to deal with an incident at the local high school. The case of Kirt Kunkel, 15, occurred in Redtown in May 2001 and involved the killing of Kunkel’s parents followed by a separate shooting at school. Two students died and 25 were injured in the school incident. Kirt’s behavior was indicative of a very troubled child with disciplinary and learning problems over an extended period of time. Kirt had a documented history of obsession with weapons, as well as many other “early warning signs” that were missed opportunities for intervention and possible prevention.

In the previous three years, two other incidents occurred in the region that involved students who brought guns to school and shot their classmates and teachers. In May 2000, Newton Brazy, a 13-year-old student, was sent
home from school, later returned with a gun, and fatally shot his English teacher. In March 1998, Marcus Johnson, 13, and Andrew Garcia, 11, were involved in an incident that resulted in the deaths of five fellow students and the wounding of 10 others, including a teacher.

The Code Red Action Team was formed to provoke thought among public health leaders surrounding the development of policies and interventions to prevent future incidents. We challenge future public health leaders to accept the charge of determining the stakeholders, defining the problem, seeking opportunities to identify risk, developing interventions, setting priorities for action, and putting their conclusions into a plan.

The Problem of School Gun Violence

In the fall of 2003, a team of public health leaders from Redtown, Midwest, were assembled to be a part of a special commission created to address the increasing problem of school gun violence perpetrated by children. In recent years, three cases of school gun violence were noted in or near Redtown. Kirt Kunkel, Newton Brazil, Marcus Johnson, and Andrew Garcia, youngsters between the ages of 11 and 15 years, all carried out violent acts at their schools. Their actions raised awareness of the problem in the community and prompted a call to action.

Given the nature of the recent tragedies and the public outcry, the mayor of Redtown declared a state of emergency in the area of school violence, and together with city and county leaders, legislators, community coalitions, and public health leaders, a "Code Red" was established and the Commission for the Deterrence and Prevention of School Violence. The public health leaders served as the lead players of the commission and were commonly known as the Code Red Action Team. The commission began with an assessment of the problem, followed by an intense investigation of the events that led up to each of the three incidents.

The Tragedy of Kirt Kunkel

The first major school violence event hit Redtown in May 2001 when Kirt Kunkel, 15, was expelled from school for having a loaded pistol in his locker. Terrified as to what his parents would say and not wanting to face causing them another disappointment, Kunkel felt his only option was to kill his parents, classmates that had previously teased and belittled him, and himself. Kirt's father picked him up from the police station that day and drove him home. Kirt went to his room and retrieved a semiautomatic weapon that he had hidden there. He then shot his father to death as the father sat at the kitchen table eating a sandwich. Kirt then called a friend and talked for a while as he waited for his mother to return home from work. He allowed her to pull into the garage and park her car. As she approached the door to enter the home, he stopped her there, told her he loved her and then shot her six times. Kirt placed homemade bombs around the house, one under his mother's body, and spent the night in the home with his parent's bodies before driving his mother's car to school the next day and firing off 48 rounds of ammunition into his classmates. Kirt killed two students and injured 25 others. He was wrestled to the ground by some other kids before he could turn the gun on himself.

From the outside, Kirt's family seemed like a very functional and happy family. Kirt's parents were both well-respected teachers; his oldest sister, Louise, was a cheerleader and honor roll student. The family traveled together and were model community residents. However, from an early age Kirt displayed signs of depression and had disciplinary problems at home and at school. Below is a chronology of some key events in Kirt's life:

- **Kirt was born in August 1985. He went to kindergarten in Spain for a year when his parents took a sabbatical from teaching in the United States. He was very frustrated in school, where everyone was speaking a language foreign to him.**
- **Kirt entered first grade in September 1991. In a report card, his teacher indicated he lacked maturity and had slow emotional and physical development.**
- **In 1993, Kirt was diagnosed with learning disabilities and was placed in special education classes for reading and writing, and in gifted and talented classes for math and science.**
- **In 1998, Kirt showed an interest in explosives and weapons. He used the Internet to purchase a book about how to make bombs. Kirt's mother was concerned about the type of friends Kirt was spending time with.**
- **In 1999, Kirt was caught shoplifting a CD in a music store. His mother found a hidden gun in his room.**
- **In January 2000, Kirt was caught throwing rocks off of a bridge with a friend. One rock damaged a car, but there was no personal injury. He paid for damages to the victim's car and performed community services as restitution. He showed remorse for his actions. He said his friend threw the stone that actually hit the car.**

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In February 2000, as a result of the rock-throwing incident, Kirt's depression, and his obsession with guns and explosives, Kirt's mother decided to send him to a psychologist for counseling. He was diagnosed with "major depressive disorder" and given a prescription for Prozac.

In March 2000, Kirt continued to see the doctor for depression. The psychiatrist noted that his parents were "impressed parents" for wanting their son to take responsibility for the rock-throwing incident. The doctor saw nothing out of the ordinary with Kirt or his family.

In April 2000, Kirt's psychiatrist noted that he was less depressed and handled anger better, but that he still had an interest in explosives.

In May 2000, Kirt was suspended from school for fighting with a student in his class.

On June 28, 2000, Kirt's father went with him to buy a gun. His psychiatrist was concerned about the gun purchase.

Kirt's psychiatric treatment was discontinued on July 30, 2000, since he was doing well in school.

In the summer of 2000, Kirt bought a gun from a student at school and hid it from his parents.

Kirt entered Redtown High School in the fall of 2000. He also went off Prozac.

September 2000: Kirt's father bought him a semiautomatic rifle, but told him that he could use it only under his father's supervision.

In October 2000, Kirt delivered a "How to Make a Bomb" speech in public speaking class.

On May 20, 2001, Kirt was expelled from school for having a gun in his locker. He was embarrassed about how his father would react to his expulsion. Kirt returned home from school and killed his father while he was eating at the kitchen table. Kirt waited for his mother to return home from work, told her he loved her, then killed her.

On May 21, 2001, Kirt drove to school dressed in a trench coat with a semiautomatic rifle and a knife taped to his leg. He went on a rampage, killing two students and injuring 25 others.

After this tragic event, much research was done to better understand why Kirt Kunkel killed and if the tragedy could have been prevented. Some retrospective thoughts about this case follow.

Even after he killed their parents, Kirt's sister, Louise, still loved Kirt very much and knew that he had struggled with learning disabilities from early on in Spain. Many said he came from a "good family" and had understanding, caring parents. His mother was said to have been proactive about getting him in treatment after the rock-throwing incident. Some have speculated that he may have felt like a failure compared with Louise and never lived up to his parents' expectations. Some friends at school said he spoke of "voices in his head"; others said he told them that he would soon do something "memorable." He was voted by his classmates as the person "most likely to create World War III" and was obsessed with guns, explosives, and other weapons. He had trouble controlling his anger and had disciplinary issues both at home and at school. He was said to have had feelings of hopelessness and loneliness and to have been suicidal. Kirt was once quoted as having said "My only hope is that tomorrow will be better. When I lose hope, people die." He used the antidepressant Prozac, which has since been found to cause psychotic side effects in a small percentage of minors.

Other School Shooters
Newton Brazil, a 13-year-old student, shot and killed his English teacher on the last day of school. The shooting took place after Newton and a friend had been sent home early that day for throwing water balloons. As they were leaving, Newton told his friend he was going to get a gun and return to school to shoot the school administrator who had dismissed him. Newton arrived home and could not find his mother or grandmother to return with him to school to discuss his dismissal. Newton then took a gun and returned to the school. Newton arrived at the door of his English class and asked to speak with two friends in the hallway. The English teacher refused and sent Newton away. Newton pulled out the gun, pointed it in his English teacher's face and shot. He said he only pointed the gun to scare the teacher, but it went off accidentally.

By many accounts, Newton seemed to be a well-adjusted teenager who was doing well in school. Unique to this case is that Newton held his victim in high esteem. Newton considered this teacher one of his favorites. In
addition to mentioning to a friend that he planned to return to school with a gun and shoot an administrator, Newton had shown the gun to his classmates a few weeks prior. The gun in question was stolen by Newton from a family acquaintance. Some indications also suggest that Brazil was smitten with the girl he requested to see in the English class and the shooting was a youth reaction to being denied access to her.

Marcus Johnson, 13, and Andrew Garcia, 11, are cousins raised in Jonesboro, Arkansas, who carried out a plan that resulted in the deaths of five fellow students and the wounding of 10 others, including a teacher at the Westside Middle School. Marcus, the elder cousin, was the leader in this tragedy, vowing to "kill girls who broke up with [him]" following the breakup with a girlfriend just two weeks before the incident. He was heard by classmates just the day prior saying that "he had a lot of killing to do," but no action was taken. On the morning of March 24, 1998, the two cousins took the Johnson family minivan (driven by Marcus) and headed toward the Westside Middle School armed with rifles and handguns reportedly belonging to Andrew Garcia's grandfather. On their way to school, they stopped at two or three gas stations, but no attendant would sell them gas because of their age. Somehow they made it to the school, dressed in camouflage and ready to attack. Andrew entered the school, tripped a false fire alarm to lure students outside, and then ran back to the designated position, where Marcus was waiting to open fire. As students exited the building in response to the fire alarm, the boys moved the students down with gunfire.

Discussion of Theme—Early Warning Signs
What made these young people kill? The Code Red Action Team examined each case carefully, attempting to identify themes or early warning signs that were common to these cases. While there do not appear to be specific "events" that spawned these killing sprees, there are some relevant similarities that are evident among these three cases.

Child psychologist Jonathan Kellerman, author of Savage Spawn: Reflections on Violent Children, says that a good predictor of dangerousness in children is the combination of a certain temperament with a chaotic environment. In each of these three cases, the killers had some exposure to violence. However, that violence was not openly apparent to the parents, school officials, or community members who interacted with these boys on a daily basis. Kirt Kinkel used a small collection of books to educate himself about explosives and bomb making. He then began to stockpile firearms in his home and detonate homemade bombs in the woods behind his home to vent his feelings of anger and frustration. Although his parents were not violent people, we believe that his strained relationship with his parents coupled with his strong desire to please them created feelings of failure and despair in Kinkel. His lack of popularity among his peers only seemed to add to the chaos that went on in the mind of this lonely, immature boy. He was holding out for hope that his world would change. In his words, "When I lose hope, people die."

Newton Brazil witnessed physical abuse inflicted on his mother by her boyfriend. He often tried to rescue her from the abuse. What everyone outside the family saw each day was "a good student with little history of disciplinary problems." But the domestic violence was never discussed in Brazil's home. He had no outlet for his feelings and therefore kept everything inside. Eventually, it bubbled over. In the case of Andrew Garcia and Marcus Johnson, the boys had been introduced to guns and hunting at very young ages. "Killing was made a central part of their understanding of what defines manhood."

There were other commonalities among these cases. All of these boys had troubled relationships with their fathers. Sometimes, the father was absent altogether. These boys had feelings of low self-esteem and poor social skills. They were loners or outcasts. Additionally, they had all been rejected by the young girls that were the objects of their affections. So what made these young people kill? Dr. Helen Smith, a forensic psychologist in Knoxville, Tennessee, conducted a national survey of violent and nonviolent kids. She found that "Using guns and being violent toward others moves these kids from powerlessness to power, from nobodies to media celebrities."

Pointing Fingers: The Shift of Responsibility
In hindsight, the warning signs should have been obvious. Many blame the parents. Others blame violence in the media that youth are exposed to. Still others question the police, the school, and judicial or mental health systems that may have had run-ins with the perpetrators. The National School Safety Center has created a profile of the youngster most likely to commit school violence, based on the profiles of juveniles who already have. The 20-item checklist includes drug abuse, tantrums, threats, depression, truancy, cruelty to animals, and a fascination with weapons and violence that spills over into schoolwork.

Profiles, however, are problematic because they tend to apply to a lot of kids who never become violent. Using a profile gives one the tendency to stereotype and group a large number where only a very small minority will act. And there is no guarantee that the kids most likely to kill won't be missed.

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Violence in movies, on television, and in video games has become pervasive in our society, and studies have shown that media violence can lead to aggressive behavior in children. By age 18, the average American child will have viewed about 200,000 acts of violence on television alone. The American Academy of Pediatrics states that violence is especially damaging to young children (under age 8) because they cannot easily tell the difference between real life and fantasy. They go on to say that media violence affects children by:

- Increasing aggressiveness and antisocial behavior
- Increasing their fear of becoming victims
- Making them less sensitive to violence and to victims of violence
- Increasing their appetite for more violence in entertainment and in real life

Additionally, media violence often fails to show the consequences of violence. This is especially true of cartoons, toy commercials, and music videos. As a result, children learn that there are few, if any, repercussions for committing violent acts.

This, however, does not explain the majority of children who are exposed to the same influences and grow up to be productive members of society. Ultimately, the media does not commit the crimes; people do.

Many have pointed to the accessibility of guns as the cause of this growing problem. Has our society taken this matter seriously? Our answer is no! The proliferation of guns in our society is startling. How many gun laws have been changed? Not enough. Even current gun laws aren’t being universally enforced. Despite continued acknowledgments by school shooters that the guns they used were stolen from parents or other family members, many parents have still not disposed of their guns. Some are still travelling to the local Wal-Mart to buy rifles or guns for their children. Has every family in a school community where there has been a lethal school shooting destroyed every gun they own? Of course not, but this is a question that all community stakeholders need to consider.

**Missed Opportunities**

Could anything have been done to prevent the murders of Kirt Kunkel’s parents, the murders of two students, and the injuries to 25 other students at the Redtown, Midwest, school? In hindsight, many of the public health leaders on Redtown’s special commission on school gun violence think that there were warning signs that were missed or went unheeded in the years preceding the killings.

Kunkel exhibited many of the early warning signs at a young age: a troubled childhood, disciplinary problems, early learning disabilities, and an obsession with weapons. As a high school freshman, Kirt was caught shoplifting and had a gun hidden in his room. A year later, he was again in trouble for rock throwing and property damage. He was diagnosed with a major depressive disorder and started on an antidepressant.

Newton Brazil was a model student and overall a “good kid.” He didn’t have constant and recurring disciplinary problems. However, he was constantly exposed to violence in his home, and he had no outlet for his feelings. His mother did not seek help for the domestic abuse that she was suffering. Nor did she talk with her son to reinforce the basic fact that what he was seeing was not socially acceptable. His attempts to thwart the violence that he thought was wrong were unwanted and went unrecognized. On the occasion that Brazil became upset about something, violence was the only coping mechanism that he had. He simply was not aware of anything else.

Andrew Garcia and Marcus Johnson were hunters. They had been taught very early in life that normal rules don’t apply to hunters; that hunters can attack fair game at any time. Although hunting is acceptable and welcomed in many parts of the country, we must question the most appropriate age at which children should be exposed to hunting. We submit that Andrew and Marcus were not mature enough to be allotted as much freedom around guns as they were. These boys thought it would be fun to see what would happen if they opened fire on a crowd of teachers and fellow classmates. To them, it was a game. Clearly, they did not have the proper education about guns and hunting that would have enabled them to know that the taking of human life is not only wrong, but very different from hunting animals for food.

We have found that there are similarities among almost all of the school shooters. There are also differences. They are not all loners. They are not all abused children. Anger is the most common thread. Access to guns is universal.

In hindsight, the warning signs come together to form a more complete portrait of potential shooters. But in the present, how do we quantify and qualify the traits and actions of these students? The warning signs were all there. Individually, as parents, friends, teachers, police, courts, doctors, and social workers, we know something about the
feelings or behaviors of these young people, but how do we put it together? The answer is simple enough: we need to develop a mechanism for pooling information and sharing that information. The discipline of public health offers us a solution: surveillance and data sharing. Surveillance can be carried out on a daily basis in our basic interactions with students. A 2000 study conducted by researchers from the U.S. Secret Service offers some key insight: "In their own words, the boys who have killed in America’s schools offer a simple suggestion to prevent it from happening again: “Listen to us.” How do we develop the wisdom to determine which child will go on to act out in violence and direct our limited resources to preventing that future action? The wisdom comes in learning how to recognize the warning signs and building on the information you have. Wisdom also comes in extending the information we have individually to our constituents, addressing the barriers to sharing it, understanding each other, and acting together for the good of the community. Data sharing, perhaps via a confidential database, among stakeholders will continually provide more information upon which to build.

Communication is a key factor in preventing these tragedies. It is a well-known fact that many of these young killers often tell their friends of their plans prior to carrying them out. Therefore, fellow students sometimes know that something could happen. Those students need teaching and support so that they will feel comfortable revealing their information to parents and authorities. Those students who come forth will also need respect, confidentiality, and appreciation. Their information must be valued and then evaluated, rather than filed away, buried, or ignored.

We need a process for tying all of these traits together without stereotyping a significant percentage of lonely high school students. Many students will have learning problems, have insecurities, and feel alone until they move through the teenage years and out of the school environment. Many will overcome the challenges of adolescence and move on to brighter lives that stereotyping could make difficult.

We can't change their ages, but we can change their environments. We need to teach students who fit the profile of potential shooters to cope in their climactic and unstable environments. For vulnerable students, spending seven hours a day, five days a week for years in a perceived hostile and non-supportive environment can prove disastrous for these students and the communities in which they live. Even for students who don't become violent in school, environmental changes could help many to develop better self-esteem and be less prone to anger and violence in other areas of their lives.

**Violence in the Nation—A Call to Public Health**

Violence is not a new phenomenon in our nation. Recent examinations of community response to, social responsibility for, and societal cost of violence have allowed prevention practitioners and communities to reexamine our approach to violence. Indeed, violence is a global issue, but for the United States, violence seems epidemic. The U.S. homicide rate is three to eight times greater than that of any other Western democracy. According to the Center for the Study and Prevention of Violence, intentional violence accounts for one-third of all injuries in the United States, and intentional interpersonal violence disproportionately involves young people as perpetrators and victims. Furthermore, homicide is the second leading cause of death for youth ages 15 to 24 years.

School violence is often at the center of discussion when examining youth violence trends. School violence is not limited to urban areas. On the contrary, in 1996, students ranging in ages from 12 to 18 years in urban, suburban, and rural locales were equally vulnerable to serious violent crime and theft at school. School violence often calls our attention to the relatively recent phenomenon known as "school shootings." While these cases are seen as especially heinous and lend themselves well to the sensationalism of media, in examining violence in the lives of our youth, we must also keep in mind that more youth victimization happens away from school than at school. Violence is a societal issue that, like water, finds its way into all corners of our lives.

The news isn't all bad. According to the Department of Justice's Bureau of Justice and Statistics, violent crime and victimization rates have declined since 1993, reaching the lowest level ever recorded in 2000. Likewise, public health officials have taken notice. *Youth Violence: A Report of the Surgeon General* was developed by the Centers for Disease Control and prevention, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration. The report defines the problem, using surveillance processes designed to gather data that establish the nature of the problem and the trends in its incidence and prevalence; identifies potential causes through epidemiological analyses that identify risk and protective factors associated with the problem; designs, develops, and evaluates the effectiveness and generalizability of interventions; and disseminates successful models as part of a coordinated effort to educate and reach out to the public. Public health constituents have the opportunity to examine violence, and specifically youth violence, at a community health level, using both integrated models and community strategies to develop violence prevention practices.
Current public health antiviolence programs often limit their scope and resources to victims of domestic violence and abused children. While these prevention and intervention programs are crucial, we must begin to examine the wider scope of violence in society. Of concern in this examination is violence prevention focused on adolescent males and adult males who are both the perpetrators and victims of the majority of violent acts in the United States. Public health methods are essential to violence prevention. Public health practice is both systematic and concerned with the discovery, examination, perpetuation, and the root cause of disease. Public health at its core can be described as "changing behavior and changing attitudes through intervention as the base of prevention." Therefore, the nature of violence that continues to permeate our communities and degrades both community health and well-being requires a systematic response.

The public health leaders of Redtown's special commission on youth violence in schools reviewed much material, interviewed many experts, and came up with many questions. Their unanimous response to these questions is that Redtown will develop public health policy to prevent violence in schools.

**Study Guide Questions**

1. In your group, discuss the similarities and differences in the school shooters in these three cases.
2. What are some of the missed opportunities raised in these cases?
3. Discuss the impact of the following on these cases:
   a. Parents
   b. Drugs
   c. Availability of weapons
   d. Past violent behavior/tendencies
   e. Bullying at school
   f. Exposure to violence in the home
   g. Exposure to violent video games
4. What role should public health have in school-based violence prevention programs?
5. Discuss the various jurisdictions involved and how they could work together to develop a prevention program (criminal law, the school administration, public health, parents/teachers groups, neighborhood coalitions against violence).
6. Researchers from the U.S. Secret Service studied 37 school shootings. Of the 40 school shooters interviewed, they all offered the same suggestion for prevention of school gun violence: "Listen to us." Discuss ideas for how prevention programs can provide avenues for those contemplating violence to express their feelings, free of punishment.
7. Discuss ways that public health practitioners can use tools such as surveillance and data sharing to hone in on warning signs before tragedy strikes.

**References**


Source: Courtesy of the Mid-America Regional Public Health Leadership Institute.
SUMMARY

Although much of leadership is about change, it is important for the public health leader to understand the elements of change as a process and how it works. This chapter has looked at this issue and discussed it from the viewpoint of the individual who has to adapt to the changes that are occurring in our society on a daily basis, the leaders who have to respond to the need for change or adapt to changes that are unplanned, and the need to have strategies for addressing change as a process.

DISCUSSION QUESTIONS

1. What is deep change?
2. Compare and contrast the Kotter and Conner models of change.
3. What is change management, and how does it differ from the new change management model?

EXERCISE 24-1: Surprises

Purpose: to look at change from the perspective of events that were surprises

Key concepts: change, surprises, tipping points

Procedures: Divide the class or training group into groups of 10. Have each participant list an index card five surprise events that have occurred between September 11, 2001, and today that have had public health implications. Students should share their lists with other group members and put the events on a large sheet of paper. Have each group present the group list to the larger group and discuss the meaning of surprises. Were any of the events tipping points?

EXERCISE 24-2: Scenario Building

Purpose: to use scenarios to better understand how change is affected by terrorist events

Key concepts: scenario building, change

Procedures: Assume that a terrorist event similar to the events of September 11, 2001, is being planned by an extremist political group in the next three years. Divide the class or training group into groups of 10. Ask groups to describe the public health concerns in the following situations:

1. Scenario in which the event is prevented
2. Scenario in which the event occurs in New York City, Los Angeles, Chicago, and Washington, DC, within a 24-hour period
3. Scenario in which a "dirty bomb" is used
4. Two alternate scenarios to the above

Present the scenarios to the group as a whole. This exercise may take three to four hours to complete.

EXERCISE 24-3: Leadership and Terrorism

Purpose: to see how leaders with different styles respond to a terrorist event

Key concepts: leadership, leadership style, conservers, pragmatists, originators

Procedures: Divide the class or training group into groups of 10. Using the Florida anthrax letters of 2001 as an example, discuss how leaders who are conservers, pragmatists, and originators would address the case. Have each small group come up with five recommendations for action by the three types of leaders. Then have each group present their recommendations to the larger group.
EXERCISE 24-4: Terrorism and Change

**Purpose:** to explore public health in the context of different potential terrorist planning activities

**Key concepts:** change, emotional intelligence, security planning

**Procedures:** Divide the class or training group into groups of 10. Apply the eight-stage change model of Kotter and Cohen (2002) to address the changes needed in community security planning related to potential terrorist events where some of the issues are:

1. Smallpox vaccination program
2. Enforced curfew for the entire community in high-alert situations
3. Increase in real estate taxes to fund hiring of more police and firefighters
4. Anthrax prevention program
5. Implementation of police powers during all high-alert situations
6. No local support for restrictions on personal freedom

Each group should discuss the emotional element in each stage of the group application of the model. Discuss the experience of the exercise with the group as a whole.

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