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Organization Development: A New Modality for Community Mental Health

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Organization development (OD) is discussed as being a valid tool for advancing mental health and for promoting the present goals of community mental health centers, as well as for accomplishing organization development's traditional objectives of increasing organizational effectiveness in business, industry, and government agencies. A comparison is made between the main objectives of the community mental health movement in the United States and the major thrusts of current OD practice, showing how the foci of the two fields are essentially similar. The psychological aspects of OD are presented in their relation to mental health. Organization development is demonstrated to be both a legitimate and an effective modality for the community mental health practitioner to use in reaching large numbers of people in promoting positive mental health, primary prevention, improved interpersonal relations, and personal growth activities in the community.

Although the practice of consultation to organizations and agencies in the community is widespread, there appears to be a distinct separation made between professionals who practice mental health consultation and those who perform organization development consultation. At first glance it seems reasonable to offer different types of consultation to the community according to their very different needs. Agencies which provide mental health services or social services would appear to receive the most benefit from professionals who can aid them in dealing with their problem clients, while businesses and organizations would seem to be best suited for consultants who can help them in improving management techniques in order to increase their organizational effectiveness. As a result of this logic, two separate bodies of literature on consultation have devel-

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oped which employ two separate languages which supposedly have distinctly different goals. The only crossover occurs when a businessman having problems at work enters therapy in a community mental health center. Suddenly he no longer has communication, leadership, competition, or management problems; he now has these labels switched to conflicts concerning his interpersonal relations, his ambivalence over competing with the family role that his father played, sibling rivalry, transference, or some other personal conflicts to which his problems at work can be attributed. It seems as though these two fields are describing completely different phenomena, although they are in actuality serving the same people in the same community.

The great difficulty that both types of consultants experience in their endeavors can be attributed to many causes, but a major factor may be the narrow view that each is burdened with. It is logical to assume that many service agencies have organizational problems which greatly hinder the effective delivery of services to clients and that business people have personal conflicts which interfere with the attainment of their organizations' goals. In either case, dealing with half the problem will result in only half a solution. What appears to be required is a consultant who can integrate the best facets of these two fields. This integration is feasible due to the parallel goals and value systems employed by the practitioners in both community mental health and organization development. An optimal and practical means for integrating the best of both of these worlds is for the mental health consultant to utilize organization development as a combination primary prevention activity, treatment modality for interpersonal conflict, personal growth activity, and mode for creating positive mental health environments. To comprehend how these results can be effectively accomplished, both the nature of organization development and its similarity in goals and values to the community mental health movement must be understood by the mental health practitioner.

Organization development (OD) can best be defined as a set of one or more interventions performed within an organization by an expert consultant in order to initiate behavioral changes within that organization. These changes are designed to resolve the basic causes for the problems that are serving to reduce organizational effectiveness or block the organization in the attainment of its objectives. Bennis (1969) has analyzed this process into seven general characteristics:

> First of all, it is an educational strategy adopted to bring about a planned organizational change. The strategies differ enormously. . . . The second characteristic is that the changes sought for are coupled directly with the exigency or the demand the organization is trying to cope with. . . . A third characteristic is that organization development relies on an educational strategy which emphasizes experienced behavior. . . . Fourth, change agents are for the most part, but not exclusively, external to the client system. . . . Fifth, organization development implies a collaborative relationship between change agents and constituents of the system. "Collaboration" is a difficult word to do justice to, but it involves mutual trust, joint determination of goals and means, and high mutual influence. . . . A sixth characteristic is that change agents share a social philosophy, a set of values about the

> world in general and human organizations in particular which shape their strategies, determine their interventions, and largely govern their responses to client systems. More often than not, change agents believe that the realization of these values will ultimately lead not only to a more humane and democratic system but to a more efficient one. . . . The seventh characteristic is that change agents share a set of normative goals based on their philosophy. (pp. 10-15)

There are several theoretical and practical models that have been developed over the past two decades and that are currently ascribed to by the majority of OD consultants and researchers. These approaches to working with organizations with problems are as varied as the methods used in the field of psychotherapy to aid individuals. The various modalities in OD share common goals and overlapping, if not similar, values toward what type of results they are attempting to evoke in their clients. These values are basically democratic and humanistic, and in many instances are strikingly similar to the values professed by a large number of psychotherapists. The main values underlying OD, according to the NTL (National Training Laboratories) Institute (1968) are: People have a drive toward growth and self-realization; people expect recognition and satisfying interpersonal relationships; individuals whose basic needs are taken care of do not seek a soft and secure environment, but rather they are interested in work, challenge, and responsibility; work which is organized to meet people's needs as well as to achieve organizational requirements tends to produce the highest productivity and quality of production; personal growth is facilitated by a relationship which is honest, caring, and nonmanipulative; and positive change flows naturally from groups which feel a common identification and an ability to influence their environment.

Bennis (1969) adds several other common values which change agents or organizational consultants share: development of interpersonal competence; the recognition by the organization that human factors and feelings are legitimate; development of increased understanding between individuals, among groups, and within groups in order to reduce tensions; shared responsibility and control; conflict resolution through problem-solving; development of mutual confidence and trust; openness in communication; and the development of collective interdependence.

The objectives of most OD projects have been concisely summarized by the NTL Institute (1968) as:

1. To create an open, problem-solving climate throughout the organization.
2. To supplement the authority associated with role or status with the authority of knowledge and competence.
3. To locate decision-making and problem-solving responsibilities as close to the information sources as possible.
4. To build trust among individuals and groups throughout the organization.
5. To make competition more relevant to work goals and to maximize collaborative efforts.
6. To develop a reward system which recognizes both the achievement of the organization's mission (profits or service) and organization development (growth of people).

7. To increase the sense of "ownership" of organization objectives throughout the work force.
8. To help managers to manage according to relevant objectives rather than according to "past practices" or according to objectives which do not make sense for one's area of responsibility.
9. To increase self-control and self-direction for people within the organization. (p. 1)

These values and objectives can easily be fitted into any broad definition of mental health. In fact, many of these OD values and objectives are identical to the goals that therapists generally share for their patients, regardless of their theoretical viewpoint. Thus, the starting points and the end points for OD consultants are well within the purview of community mental health; it is in the actual performance of OD that this practice is widely considered to be in the areas of social or industrial psychology rather than in the field of mental health. This view begins to take on the aura of a myth simply by noting the fact than any change process which contains beginning and end points that fall within the boundaries of mental health will also function within these same boundaries, even if the actual practice is outside of traditional modalities. An examination of some of the major conceptual frameworks of organization development will serve to further support this point.

One of the first and still most prevalent models of organization development is Lippitt's concept of planned change. Lippitt, Watson, and Westley (1958) have developed a series of overlapping phases for the planned change process: (a) Development of a Need for Change, in which the client system is made aware of the existence of its problems, the change agent scouts about the organization searching for an appropriate entry point, and the potential relationship between the two is explored; (b) Establishment of a Change Relationship, in which a contract is formulated concerning the outline of the proposed change project and a relationship based upon trust and mutual collaboration is defined and begun; (c) Clarification or Diagnosis of the Client System's Problems (i.e., data-gathering), which involves the identification and clarification of the specific improvement goals to be reached and includes an examination of the elements of the problem as perceived by the client, the goals of the client, the resources of the client, and the resources of the change agent; (d) Examination of Alternative Routes and Goals and the Establishment of Goals and Intentions of Action (i.e., planning), which may include structural or organizational design changes, alterations in the various flow systems within the organization, or changes in the human perspective of interpersonal or intergroup relations; (e) Transformation of Intentions Into Actual Change Efforts; (f) Generalization and Stabilization of Change, which includes an evaluation of whether the stated change goals were met and the designing of further action plans to be implemented for those goals which were not reached; (g) Achieving a Terminal Relationship, which includes a resolution of the client system's dependency upon

the change agent and the institutionalization of the process of planned change within the organization through the use of internal change agents.

Lippitt's approach to consultation focuses upon the relationship between the change agent and the client system, using it as a model for the members of the client system to eventually adopt for their own work relationships and to create change within the organization. One of Lippitt's basic assumptions follows the NTL concept that when the basic needs of the workers are fulfilled, when their individual potentials are challenged, and when they experience satisfying interpersonal work relationships, then the organization will function more effectively toward attaining its objectives. The emphasis in this model of OD is the development of more effective management teams and better intergroup or interdepartmental relations. To accomplish this end, a variety of laboratory techniques such as team-building, role-playing, and sensitivity groups are the tools most often used. One important focus in the planned change model is the creation of specific changes for specific problems rather than a total system approach, with the change agent only addressing himself or herself to the areas in the organization directly affected by the problem. Although structural or procedural changes are often implemented, this model concerns itself primarily with the human factors in the organization.

Argyris (1970) has developed a second major model for organization development which he terms "intervention theory." Argyris has delineated three primary tasks for the interventionist in his method: (a) The intervenor must help the client system generate valid information about itself, with valid information being defined as data that are explicit and verifiable. The valid information that is evolved and the consequent diagnosis must represent the client system as a whole rather than a subgroup or individual, with a whole particular subsystem being considered a legitimate system; (b) The client system must have free choice among alternatives after the generation of valid information has provided the system with a cognitive map or outline of the problem and possible solutions. Free choice implies that the client system, and not the interventionist makes the decision, that the client system can explore a wide choice of alternatives with minimal defensiveness, and that it is not dependent upon the interventionist; (c) The client system must have a high degree of ownership of the course of action or choices available. The individual or organization can have such internal commitment only when the data have been internalized, which means that the individual or client system perceives the choice as best being able to fulfill the needs, values, and objectives of the individual as well as that of the broader system.

Intervention theory views these three primary tasks as the essential functions of the interventionist, with the implementation of change not being included. The interventionist instructs the client system on how to generate valid data, make responsible choices, and develop internal commitment to those choices, after which the client system may or may not decide to change specific

aspects of itself. Even if it does, the interventionist may or may not assist with those changes, depending on whether the three primary tasks have been accomplished. The intervenor, according to Argyris, performs the role of teacher in a strictly defined work relationship. Interpersonal relationships are dealt with only insofar as they are necessary to generate data about human factors within the client system, with the same laboratory techniques being utilized to achieve this result as are used in the planned change approach. Termination is accomplished when the client system has either mastered the three primary tasks or when it is becoming closed to learning them.

In addition, Argyris stresses research in the form of empirical techniques to measure the processes involved in the actual practice of the intervention method, for he considers it the responsibility of every interventionist to generate scientific data concerning the effectiveness of this method of OD so that the results of each project can make a contribution to the theory. Intervention theory is a systems approach that is primarily concerned with gathering empirical data about the client system and teaching it to function more effectively by using a predetermined problem-solving process based upon a rational scientific method.

Although intervention theory chiefly focuses upon the total system, Argyris does outline three conditions that individuals within the system must learn to fulfill if the organization is to reach its criteria of competence and effectiveness in performing the three primary tasks. The three conditions for the individual are self-acceptance, or the degree to which the person has confidence in himself or herself; confirmation, or congruence between the manners in which others experience him or her and the way in which that person experience himself or herself; and essentiality, or the freedom for the individual to utilize his or her central abilities and express his or her central needs within the system. To achieve these three conditions the system must provide for the occurrence of what Argyris terms "psychological success" for the person, meaning that the individual is able to define his or her own realistic goals and the path to those goals which are related to his or her central needs, abilities, and values. Argyris also lists the behaviors that individuals must perform if psychological success is to be achieved and if the individuals are to contribute to system competence: owning up to one's own feelings and ideas, being open to those of others, experimenting with new feelings and ideas, helping others to do these three processes, and accomplishing these behaviors in ways that contribute to the norms of individuality, concern, and trust. These subgoals and values in intervention theory are essentially similar to the total goals and value system in the planned change model, with the differences being the method of consultation and the wider scope of Argyris' approach.

A third major approach to organization development is the action research model, which closely resembles the framework developed by Lippitt et al. (1958) but contains different emphasis. The action research model stresses the develop-

ment of new behavioral science knowledge emanating from particular OD projects. This new knowledge will be in a form that is applicable to other organizational settings in contrast to the approach of the application of existing behavioral science knowledge used by Lippitt and Argyris. The seven phases of Lippitt's planned change approach have been independently modified by Frohman, Sashkin, and Kavanagh (1974), French (1969), and Havelock (1973) into similarly oriented frameworks. These conceptions all include seven basic steps in the consultation process: (1) problem identification, (2) consultation with a behavioral science expert, (3) data-gathering and preliminary diagnosis by the consultant, (4) feedback to the key client or group, (5) joint diagnosis of the problem, (6) action, and (7) data-gathering by the consultant after action. The emphasis in this process is the continual collection of information followed by rediagnosis, with the process being cyclical and continual. After step 7, the process returns to step 4 so that new action can be initiated. The action research model is designed to provide new, reliable, empirical data on the process of OD, a methodology that many consultants subscribe to in the literature while few actually practice.

The final major system of OD is grid organization development, devised by Blake and Mouton (1964; 1969). They have developed a complete theory of organizational functioning that they term the "managerial grid," focusing on the key aspects of management and based upon the results of organizational research on management. The grid model makes the assumption that for each organization there is an ideal balance between the managerial concern for production, managerial concern for people, and hierarchy or the supervisor's beliefs concerning how to achieve the purposes of the organization through people. Grid theory proposes that the most appropriate managerial style for all organizations is one in which there is not only concern for both people and production, but there is also the prevailing and practiced norm of believing that the needs of the organization and its members can be integrated. This integration is accomplished by involving people in making decisions about the strategies and conditions of work which will lead to both high productivity and high morale. Blake and Mouton outline a structured series of steps for organizations to follow, having as its purposes the formulation of an ideal model for a particular organization and the development and implementation of plans to bring the actual functioning of the organization as close as possible to this ideal model.

Grid organizational development, which is currently a very widely practiced system, contains six phases which occur within the organization and a preparatory prephase. The prephase takes place prior to the institution of the grid plan in the organization and involves the instruction and training of key managers in the theory and method of grid organizational development who will serve as the instructors in the organization in the grid process. Phase 1, the Managerial Grid, involves the trained managers conducting study seminars on the manage-

rial grid for the rest of the managers to achieve an understanding of the behavior dynamics of the organization's culture. In phase 2, Teamwork Development, the behavior dynamics of the actual organization teamwork is studied and tested against the grid model in real work settings for the perfection of problem-solving methods. The same kind of application is made in phase 3, Intergroup Development, but to the interworkings between organized units of the organization where cooperation and coordination are vital to success. In phase 4, Developing an Ideal Strategic Organizational Model, the top managerial team engages in learning to undertake strategic planning and to design an ideal organizational model that describes what the organization would be like if it were truly outstanding. Phase 5, Implementing the Ideal Strategic Model, requires systematic reorganization to meet the concepts of the ideal organizational model. In phase 6, Systemic Critique, the focus is on systemwide measurement, critique, and evaluation of the previous phases to determine what barriers still exist, what progress has been made, and what opportunities for further development can be identified and exploited.

Blake and Mouton's approach is the most formally structured of the nonresearch OD models. Their practice of strict adherence to the theoretical guidelines appears to be a counterbalance for the minimal actual involvement of the consultants in the OD process within the organization. The practice of the grid method is closest to intervention theory in that both teach a predetermined organizational model to the client system, although the interventionist allows the organization a greater degree of freedom. Both of these approaches are systemic in their application and orientation, in contrast to planned change which focuses on solving particular problems. Although these OD modalities display considerable differences in their procedures, they all tend to exert extensive influence, if not actual control, over the processes and system practices within the organization. Nonetheless, all of the approaches call for the client system to take responsibility for itself and its future course, with the different modalities expressing varying amounts of encouragement or permission for the organization to do so. As a result, all of the consultation practitioners, regardless of their theoretical preference, experience and must deal with the client system's ambivalence and internal conflict concerning the issue of the degree of dependence versus independence vis-à-vis the expert consultant. Lippitt et al. (1958) propose handling this issue by means similar to psychotherapy, and Argyris (1970) attempts to deal with it on a rational basis, with Blake and Mouton (1964; 1969) omitting any discussion of this topic. This issue has yet to be fully dealt with or resolved by current OD practitioners or theorists. Although a considerable body of literature exists for the field of OD and is accompanied by a fair amount of research, no systematic attempt to compare the efficacy or appropriateness of these various approaches to different types of organizations has been performed. This lack is probably due to both the recency of the emergence of organization

development as a field of study and the enormous difficulty of undertaking a project of such great scope.

Several other approaches to OD are commonly practiced, although these other modes are far less comprehensive and systematic than those listed above in either their theoretical frameworks or their methodologies. Briefly, these other approaches include: survey feedback, in which data are collected about an organization, analyzed, and reported back to the management of the organization who then communicate this information to their subordinates and jointly make decisions on what to do in light of these facts; the job expectation technique, focusing on team-building through clarification of the roles, expectations, and obligations of a manager and his staff; management by objectives, designed to reduce managerial stress and increase constructive interdependence between individuals by attempting to establish a better fit between personal and organizational goals through increased communication and shared perceptions between managers and subordinates; job enrichment, a method of attempting to tailor a job to an individual's needs; and the methods stemming from roots in psychotherapy, including behavior modification, transactional analysis, and the gestalt approach.

Despite the disparities in these major and minor approaches to organization development, they all clearly share similar value systems and aim for parallel objectives in terms of the ideal end results for their client systems. Many of these values and goals are similar to those discussed in the field of community mental health. Both fields seek to treat problems between people, halt the processes which cause their reoccurrence, prevent the emergence of new difficulties, and promote positive mental health in people (with OD accomplishing the last premise by creating healthy work environments within organizations). A brief review of the underlying assumptions and goals in the area of community mental health will serve to demonstrate the extensive area of overlap between these two fields.

Within the realm of community mental health lies the specialty of community psychiatry. Several authors in this specialty view the professional's role as simply to treat and rehabilitate the mentally ill and emotionally disturbed in order to help to achieve greater personal and social adequacy (Bellak, 1964; Loeb, 1969). However, Hume (1964) also lists consultation to educational and nonpsychiatric agencies, prevention of the development of mental disorders, and public information programs as services within the purview of community psychiatry. Caplan (1965) asserts that part of the preventative function of the community psychiatrist is to collaborate actively with a variety of civic leaders and government administrators in an effort to reshape the structure of the community in order to make it a psychologically healthier place in which to live. Duhl (1965) goes even further by recommending that this field must include an attempt to tackle today's broader problems of human concern, such as unem-

ployment, poverty, and security. The area of organization development easily fits within the limits proposed by these writers for the field of community psychiatry, for it attempts to provide a psychologically healthy work environment for the members of the organization it is dealing with. As such, OD qualifies as a means for accomplishing primary prevention within the community.

As for the wider field of community mental health, its traditional goals consist of the provision of the five basic services required by the Community Mental Health Centers Act of 1963: (1) inpatient care, (2) outpatient treatment, (3) partial hospitalization services, (4) 24-hour emergency services, and (5) consultation and educational services to community agencies and professional personnel, including primary prevention activities. Many of the more forward-looking authors define community mental health much more broadly. Hume (1964) feels that community mental health programs should also be directed toward normal persons with the aim of promoting positive mental health. Kahn (1969) views the community mental health function as a "general coalition of people and organizations which comes together around social goals and which consists of many loosely interrelated components from several intervention systems and social institutions joined together for the purpose." Lemkau (quoted in Goldston, 1965) agrees with this definition and states, "Thus we have the concept emerging that community mental health is a communitywide responsibility, that the program is to be under professional and lay auspices, and that mental health is promoted and fostered not solely through medical treatment, but also through a variety of institutions and agencies with numerous disciplines joining in the effort" (p. 197). Another proponent of this view is Howell (quoted in Goldston, 1965) who expresses the opinion that "Community mental health encompasses all activities which are involved in the discovery, development, and organization of every facility in a community which effects all attempts which the community makes to promote mental health and to prevent and control mental illness" (p. 197). These broader views of community mental health would include the practice of OD as one of the disciplines, institutions, or components within the purview of the definition as long as OD can be shown to be a means for fostering mental health in the community.

Organization development's objective of increasing organizational effectiveness is in essence the promotion of mental health of the individuals within that system. Every organization, be it an agency, a corporation, an industry, or an institution, is basically a compendium of people, whose interactions and roles are formally structured in order to achieve the organization's goals, but who are nonetheless individuals who have needs, feelings, values, abilities, and goals. The practice of OD, then, is not the manipulation of a thing called an organization, but rather the aiding of people who have problems in working together or in utilizing their abilities or resources to accomplish tasks effectively. Work takes place within the context of the multitude of interpersonal relationships and intrapsychic variables of each worker which together form the total human work environment. One of the primary foci for the OD practitioner is to recognize and

in an appropriate manner teach the individuals in the organization to become aware of and to effectively handle these human factors, all of which serve to increase organizational effectiveness. Organization development thus functions to promote positive mental health not only for the individuals within the organization but also in the organization's culture and work environment. Healthy relationships and a healthy environment permit the organization to operate most smoothly, efficiently, and effectively in its quest to achieve its objectives. People who learn to form positive working relationships with others within their organization can generalize this learning to other relationships that they have with family and friends in the community and make these other relationships more productive or satisfying. The increase in a person's sense of self-esteem that results from the higher levels of both interpersonal competence and work effectiveness that is achieved on the job can additionally aid a person in the formulation of better relations with people outside of his or her work environment. While OD was not specifically designed to promote mental health in individuals in the community, its practice appears to have both the potential and the effect of doing so.

An examination of how OD affects some of the specific variables that comprise the concept of positive mental health and contribute to its being a primary prevention activity is warranted to better explicate the above premises. A concept essential to this discussion is the overriding importance of the organizational environment and job that the individual worker finds himself or herself in, no matter what his or her occupation may be. These factors in the person's work situation interact with the intrapsychic dynamics of the individual's personality in ways that make his or her work situation an entity of paramount psychological importance and leads it to have a direct bearing upon the person's mental health. This idea can be demonstrated in a theoretical fashion.

The most obvious connection between work and the individual is the direct way in which work affects the person's sense of himself or herself. In our society a person's work is inextricably connected with the individual's sense of self-worth, feeling of self-esteem, conception of one's self as fulfilling an adult role, social status and prestige, mastery of the environment, and sense of competence. The relationship of these factors to work is most clearly demonstrated by the psychological consequences of unemployment upon individuals and by the increase in the demand for mental health services that coincides with periods of economic recession. The work setting concurrently affects the individual's interpersonal and social relationships, for many people use their work organization as a primary or even exclusive source for making friends and finding lovers or spouses. Losing or changing one's job can mean a severe disruption in one's social life and in the attainment of fulfilling interpersonal relationships, as well as a disruption within one's self.

On a more theoretical plane, it can be seen that the individual's work situation is strongly analogous to his or her original family situation, with this parallel experience serving to evoke similar feelings and reactions as were experienced in

the real family setting. The most striking similarity between the adult worker in an organization and a child in a family is the dependent position that both find themselves in. Both live under the aegis of an authority who defines their role in the setting, sets limits on and controls their behavior through the institution of norms and rules, and casts them in an economically dependent position. Both the parent and the employer provide for physical survival needs, reward appropriate behavior, punish what they decide is undesirable behavior, require their dependents to invest a considerable amount of psychic and physical energy in the relationship, and consume a major proportion of their dependents' time on a daily basis.

Years of experience in the field of psychotherapy have taught therapists that situations similar to those experienced in childhood will reawaken feelings, perceptions, and ideas from the person's unconscious that originally occurred in that person as a child and were long since buried. The person may act on these feelings and thoughts as if they were real and applicable to the present work situation, despite the fact that they may actually be very inappropriate. This inappropriateness often leads to interpersonal difficulties, unrealistic expectations, or destructive behavior followed by reciprocity by others in the work setting, all of which decreases the organization's effectiveness and efficiency.

Organization development serves several basic mental health purposes at this juncture: (a) clarification of reality by an objective source, (b) resolution of interpersonal problems, (c) recognition of an encouragement of the expression of feelings and thoughts, (d) facilitation of open and clear communication between workers, (e) taking responsibility for oneself, and (f) primary prevention via the establishment of agreed upon mechanisms for future problem-solving and resolution of these difficulties. In effect, OD changes the work setting toward better accommodation of the needs and feelings of the employee, which in psychological terms would mean a shift from a bad family atmosphere to a good or at least better one. This acts to prevent much of the inaccurate perceptions and resulting inappropriate behaviors on the part of the individual and to promote mental health for all persons in the work situation by effectively recognizing and dealing with these personal and interpersonal problems when they do arise. In addition, the worker can obtain some relief by finding out that he or she is not alone in having problems of a personal or emotional nature, and that his or her co-workers can be turned to in times of need or stress for mutual aid and support. This knowledge can often have the effect of heading off a compounding of the problem or even a crisis that could occur if the person believes himself or herself to be alone in his or her dilemma.

Organization development deals with other aspects of positive mental health as well. The consultant attempts to have the organization's structure work so as to meet people's basic needs as well as to achieve organizational requirements. When a person's basic needs are met he or she can feel secure enough to begin to

function on a higher level, be more creative, have more real interest and concern for his or her work and organization, accept challenges, and ask for greater responsibility. The person who does not need to desperately scramble about in an effort to fulfill his or her basic needs also does not need to be self-defensive and protective of what he or she already has, and can devote more time and energy to working on solutions to organizational problems or creating innovations for bettering the system. Organization development steps in at this point by not only leading the organization to welcome and reward creativity and innovation by its members, but also by increasing self-direction of the workers by enlarging their responsibility and by clarifying their role expectations through discussion with their supervisors and/or work teams. In these ways OD functions to promote the positive factors of mastery of the environment and relative security through the attainment of clear knowledge of where one stands in one's work environment.

In addition, consultants to organizations help these organizations to realize that people have drives toward growth and self-realization, and to restructure the work setting so that these drives are nourished. This end result is achieved by making the expression of feelings and thoughts acceptable, by the encouragement of self-exploration through the use of sensitivity-training laboratories, by the promotion of trust via open communication, by working on interpersonal problems that arise, by emphasizing collaboration instead of competition, and by instituting personal feedback on a person's style and work as a practiced norm. Thus, the practice of OD not only serves as a primary prevention, treatment, and crisis intervention modality, but it also functions to promote positive mental health in individuals by making their work atmosphere a healthy and viable one.

With appropriate professional training, the practice of organization development by the community mental health center professional can be an important asset to the accomplishment of the center's prescribed goals. Considering that a large proportion of the American population is employed and that a very few professionals working within an organization can affect the lives of everyone in that organization in a significant way, there is great potential for reaching a great number of people in a meaningful mental health manner through OD. This appears to be an important consideration in these times of scant economic resources and burgeoning demand for mental health services, for it maximizes the effects that our currently small number of mental health professionals can have and is an efficient and effective utilization of professional resources in the community.

Although organization development does not use the same methods as are presently employed in psychotherapeutic treatment, it is a valid modality for achieving parallel results and has the advantage of performing its function in a community setting rather than in a private office. Despite the appearance of having its own unique goals, the process of OD contains similar and sometimes

overlapping objectives with the field of community mental health. A short review of the major OD literature reveals that organizational consultation, in its efforts to increase organizational effectiveness, also serves the functions of primary prevention, diagnosis of interpersonal and intergroup problems, partial treatment for these difficulties, and the encouragement of personal growth, all of which come under the purview of present conceptualizations of community mental health. Clearly, organization development is a valid, legitimate, and worthwhile modality for use by the community mental health practitioner in the promotion of positive mental health in the community.

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