ORGANIZATIONAL SYSTEMS DIAGNOSTIC TOOLKIT

A Practical Guide for Understanding Problems Before Designing Solutions

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For busy leaders who need to slow down before deciding what to change.

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A practical, research-informed toolkit that helps busy leaders pause, examine what is happening beneath visible organizational problems, and build a clearer diagnosis before designing a response.

HOW TO USE THIS TOOLKIT

Why This Toolkit Exists

When something goes wrong in an organization, the pressure to respond quickly is real. Visible problems such as burnout, turnover, missed deadlines, and communication breakdowns are significant concerns. They may also be signals of deeper conditions in the organization. Responding only to the visible symptom can leave the patterns or conditions producing it unchanged.

This toolkit creates a structured pause between recognizing an organizational problem and designing a solution. Its purpose is to help busy leaders slow down, examine what is happening beneath a visible concern, and build a clearer diagnostic hypothesis before acting.

> *Diagnosis must come before intervention. This is the central principle the toolkit is built around.*

What This Toolkit Is

A practical diagnostic toolkit designed to support a structured pause. Each tool helps you move from a visible concern toward the patterns, structures, assumptions, and conditions that may be contributing to it—and toward a more defensible diagnostic hypothesis.

This toolkit does not automatically diagnose an organization. It does not generate a report or prescribe a solution. It does not replace stakeholder input or additional evidence. It supports better leadership judgment by improving the quality of understanding before a response is designed.

The questions are informed by the leadership and organizational frameworks cited throughout the toolkit. No formal background in systems thinking or organizational theory is required.

What This Process Should Help You Do

This process is designed to help you build a specific set of leadership capacities, not to guarantee better decisions, improved organizational performance, or successful change. With consistent use, you may notice:

· Greater confidence distinguishing a visible symptom from the organizational conditions that may be contributing to it.

· Greater ability to identify a first response that fits the evidence currently available, rather than reacting to the most visible part of the problem.

· More reflective awareness of your own assumptions, missing perspectives, and the uncertainty in your current understanding.

Who This Is For

This toolkit is designed for team leads, supervisors, managers, directors, nonprofit leaders, executives, organizational development practitioners, and others responsible for team or organizational effectiveness. Particularly useful when the same problem keeps recurring, previous fixes have not held, different stakeholders understand the problem differently, or a leader feels pressure to respond before the cause is clear.

Three Ways to Use This Toolkit

QUICK START · approx. 10–15 min

Use the Organizational Health Snapshot to identify where deeper examination may be most useful. Best for initial orientation, early reflection, or deciding where deeper examination may be useful. The Quick Start identifies a focus

area — it does not produce a final diagnosis.

CORE PATH · approx. 45–60 min

Use all three core tools in sequence: Health Snapshot → Symptom-to-System Diagnostic → Focused Action Planner. Best for recurring challenges, problems with no obvious cause, or situations where earlier solutions have not held. This is the primary toolkit experience.

OPTIONAL DEEP DIVES · time varies

Use a supplement when the core process indicates more examination is needed: Supplement A — Five-Frame Deep Dive, or Supplement B — Systems Mapping Deep Dive. For implementation, monitoring, and review, use Tool 3C, which is built into the Core Path — no separate tracker is needed. Supplements are not required to complete the core path and may be used during diagnosis or implementation.

The Primary Toolkit Journey

For a new organizational concern, begin with the Health Snapshot and move through the three core tools in sequence. Once familiar with the process, individual tools may be revisited as needs change. Each core tool creates information needed by the next.

SCAN	→	DIAGNOSE	→	ACT
Core Tool 1 **Organizational Health Snapshot** Identify where the concern may be concentrated and where deeper examination may be useful.		*Core Tool 2* **Symptom-to-System Diagnostic** Define the concern, examine patterns and conditions beneath it, challenge assumptions, consider multiple frames, and form a diagnostic hypothesis.		*Core Tool 3* **Focused Action Planner** Confirm readiness, select a response that fits the diagnosis, and plan how the first action will be sequenced, measured, and reviewed.

GO DEEPER ONLY WHEN NEEDED

Use Supplement A when stakeholders hold conflicting interpretations or the Five-Lens Check (2D) needs more analytical space. Use Supplement B when the concern involves repeating patterns, a variable that has changed over time, or feedback relationships that seem to be sustaining it. Supplements may be used during diagnosis or implementation — not only after the core path is complete. To plan and track implementation, monitoring, and review after you select a response, use Tool 3C — this is part of the Core Path, not a separate resource.

Organizational Health Snapshot

Quick Scan · approximately 10–15 minutes · Individual or leadership team

Purpose

This quick scan surfaces areas of concern across seven organizational domains. It is a triage tool, not a diagnostic — its purpose is to help you identify where deeper examination may be most useful, not to determine what is causing a problem.

> *Ratings reflect the perspective and evidence currently available. They should guide inquiry, not be treated as objective findings.*

Instructions

Work through each domain below. For each one:

1. Read what the domain covers and the signs that may appear when it is under strain.
2. Rate current health from 1 (high concern) to 5 (lower current concern).
3. Use the final column to briefly note what you are observing — specific situations, patterns, or behaviors.
4. Focus on your honest read of the organization based on available evidence.

If completing this with a team, note where ratings differ significantly. Disagreement across raters can itself be useful diagnostic information.

Health Snapshot Assessment

Domain	What This Covers	Signs I May Be Noticing	Rating 1–5	What I'm Observing
Structure & Roles	Clarity of roles and reporting lines, decision authority, accountability structures	Role confusion, unclear decision authority, duplicate effort, constant escalation, gaps in accountability		
Strategy & Alignment	Clarity of organizational direction, alignment of team efforts to goals, coherence across priorities	Competing priorities, teams pulling in different directions, initiatives stalling, unclear direction		
Systems & Processes	Workflow effectiveness, operational procedures, feedback mechanisms	Bottlenecks, rework, missed deadlines, workarounds becoming standard practice, absence of feedback loops		
People & Skills	Staffing, capability, skill gaps, development, retention	Burnout, turnover, disengagement, skill gaps, declining performance		
Leadership Style	How leaders make and communicate decisions, consistency between leadership behavior and stated expectations, clarity and accessibility of leadership	Low trust in leadership, inconsistent decisions, difficulty raising concerns, misalignment between stated and observed leadership behavior		
Culture & Values	Shared beliefs, informal norms, unwritten expectations, what	Surface compliance, unspoken rules overriding policy, low morale,		

Domain	What This Covers	Signs I May Be Noticing	Rating 1–5	What I'm Observing
	behavior is reinforced or tolerated, stated versus lived values	cynicism, patterns that persist beyond individual leaders		
External Environment	Regulatory pressures, sector changes, funding environment, community or market context	Reactive posture, missed opportunities, compliance strain, funding instability		

Score Key

Score	Signal	What It May Indicate
1–2	High concern	Visible strain, inconsistency, or misalignment appears present. This domain warrants closer examination.
3	Mixed or uncertain	Some aspects may appear functional while others seem fragile, inconsistent, or vulnerable under pressure. Additional evidence may be needed.
4–5	Lower current concern	Fewer signs of strain are currently visible. Do not rule out connections to other domains.

Ratings reflect the perspective and evidence currently available. They should guide inquiry, not be treated as objective findings.

Synthesis Questions

After completing the assessment, take a few minutes with these questions before moving to the next tool.

Which domain(s) received your lowest rating, and what specific observations drove that rating?

Would another stakeholder likely rate any of these domains differently? If so, what might account for that difference?

Is this where the concern is most visible, or where an underlying condition may be located? Could another domain be reinforcing what you are seeing?

Where will you focus your diagnostic attention first, and why?

Results and Next Steps

Use your synthesis notes to identify a starting focus area. The table below helps guide your next step. No score should be treated as proof of causation.

If this pattern describes your results...	Consider this next step
One or two domains score 1–2	Begin closer examination there. Carry those domains into the Symptom-to-System Diagnostic as your starting point — and check whether adjacent domains may be connected.
Scores are spread across three or more domains	Look for connections before narrowing. Use the synthesis questions to identify whether a cross-domain pattern may be present.
Most scores are 3–5	The concern may be early-stage or situational. The Symptom-to-System Diagnostic can help clarify whether a structural condition is present or developing.
Uncertain what is driving your ratings	Consider completing the Assumption Check (Tool 2C) before going deeper. Your current read of the situation may be worth examining first.

> *The output of this tool is a focus area for further inquiry, not a finding. Carry your lowest-rated domains and your synthesis notes into Core Tool 2 — Symptom-to-System Diagnostic.*

This snapshot is an adapted organizational scan informed by organizational alignment and leadership frameworks (Waterman, Peters & Phillips, 1980; Northouse, 2022), rather than an exact reproduction of the original 7-S model: People & Skills combines the original Staff and Skills elements for rapid triage, Shared Values is reflected across both Strategy & Alignment and Culture & Values, and External Environment is an added practical domain, not one of the original seven elements. In Leadership Style, the Northouse citation refers specifically to Situational Leadership II — leadership behavior matched to a person's readiness through the directing, coaching, supporting, and delegating range (Northouse, 2022, p. 111).

2A — Define the Symptom

Approximately 5–10 minutes · Complete before moving to 2B

Purpose

Before examining what might be causing an organizational concern, it is useful to describe it as clearly and neutrally as possible. This section asks you to separate what you are directly observing from what you are interpreting or assuming.

Visible concerns such as turnover, communication breakdowns, or missed deadlines are real and significant. They may also be signals of conditions that exist at a deeper level of the organization. Beginning with a clear description — rather than an interpretation — improves the quality of what follows.

> *Start in observable, neutral language. Avoid naming a cause or assigning responsibility at this stage. That analysis comes later.*

Step 1 — Name the Concern

In one or two sentences, describe the concern you are examining. Use plain language. Do not diagnose or explain yet — just describe what you are seeing.

What is the visible concern you are bringing into this diagnostic process?

Step 2 — Describe What You Are Observing

Use the table below to capture the specific behaviors, situations, or patterns you have noticed. Be as concrete as possible. For the evidence column, note the source: direct observation, records or metrics, repeated stakeholder reports, meeting notes, or workflow data.

What I am observing	How long?	How often?	Who or what is most affected?	What evidence supports this observation?

Step 3 — Separate Observed from Inferred

It is common to move quickly from what we see to what we believe it means. This step asks you to slow that down.

This reflects what Senge (1990) calls the ladder of inference: the quick, often unnoticed climb from observation to selected evidence, interpretation, inference, assumption, and conclusion. Naming each rung — observation, evidence, interpretation, inference, assumption, conclusion — makes it easier to see where description ends and interpretation begins.

Review what you wrote above. In the table below, separate what you can directly observe or document from what you are interpreting, assuming, or inferring based on limited information.

> *A report from another person is evidence that the concern was reported. It is not necessarily confirmation that the interpretation attached to it is accurate.*

Type	Describe it here
Observed (I can see or document this directly)	
Inferred (I am interpreting or assuming this)	

Step 4 — Clarify the Scope

Answer the following questions to sharpen your description before moving deeper.

Where is the concern currently visible: within one role, team, process, or location — or across multiple areas?

Has this concern appeared before, or is it new? If it has appeared before, what was done at that time?

Are multiple concerns present at the same time? If so, list them briefly. You will examine connections in the next section.

Before Moving to 2B

Review what you have written in this section. You should now have a clear, observable description of the concern — not yet an explanation of it. If you find yourself writing about causes or solutions, return to this section and restate the concern in neutral, descriptive language.

> *The output of this section is a clear description of what you are observing. Carry it into 2B — Look Beneath the Symptom.*

Informed by systems-thinking approaches that distinguish visible events from deeper patterns and conditions (Senge, 1990; Anderson & Johnson, 1997).

2B — Look Beneath the Symptom

Approximately 10–15 minutes · Complete after 2A

Purpose

This section helps you move beneath the visible concern — from what is observable on the surface toward the patterns, structures, and assumptions that may be producing or sustaining it.

Organizations often respond to the event level: the symptom that is most visible today. But recurring concerns may be connected to deeper patterns, structural conditions, or assumptions that have not yet been examined. This section introduces a practical tool for exploring those layers.

> *The goal of this section is not to find a definitive cause. It is to surface what may be worth examining more closely before drawing conclusions.*

The Four Layers

The table below is organized around four levels of analysis, moving from the most visible to the least visible. Begin with what you already described in 2A and work downward.

Events: what is visible at the surface — the symptom as you described it in 2A.

Patterns: over what period has this concern appeared, and what trends, repetitions, changes, or turning points do you notice?

Structures: the policies, processes, roles, incentives, or conditions that may be producing the pattern.

Mental models: the assumptions, beliefs, or unexamined expectations that may be reinforcing the structures.

Use the table below to record what you notice at each level. Leave a layer blank if you do not yet have enough information — gaps are useful information too.

Layer	What I notice at this level
Events *What is visible right now — the symptom as described in 2A*	
Patterns *Over what period has this concern appeared? What trends, repetitions, changes, or turning points do you notice?*	
Structures *What policies, processes, roles, incentives, resources, or organizational conditions might be producing this pattern?*	
Mental Models *What assumptions, beliefs, or unstated expectations might be reinforcing the structures or patterns above?*	

Probing Questions

If you are finding it difficult to move below the event level, use these questions to help.

What conditions in the organization make this concern possible or likely?

If the visible concern disappeared tomorrow, what policies, processes, norms, expectations, or organizational conditions would still remain?

What parts of the organization are involved — directly or indirectly — in producing or sustaining this concern?

Does one part of this situation appear to reinforce or intensify another? If so, describe the circular relationship you are noticing. (This kind of relationship may indicate a feedback loop.)

What Has Been Tried Before?

If this concern has appeared before, what was done in response — and what happened? When a concern returns after an earlier response, examine what the response addressed, how fully it was implemented, whether it was sustained, and what contributing conditions may have remained unchanged.

What was tried	What happened	What this might suggest

Before Moving to 2C

Review what you have written at each layer. You should now have an initial picture of what may exist beneath the visible concern. Note that what you have recorded here reflects your current perspective — the next section will ask you to examine the assumptions behind that perspective.

> *The output of this section is a preliminary picture of patterns and conditions. Carry it into 2C — Assumption Check.*

Informed by systems-thinking approaches that distinguish visible events from deeper patterns, structures, and mental models (Senge, 1990; Anderson & Johnson, 1997).

2C — Assumption Check

Approximately 10–15 minutes · Complete after 2B

Purpose

Every diagnostic process is shaped by the perspective of the person conducting it. The assumptions a leader holds about the organization, the people in it, and the nature of the concern being examined influence what they notice, what they overlook, and what conclusions they are likely to reach.

This section creates a pause before moving deeper. It asks you to examine the assumptions behind your current read of the situation — not to undermine your analysis, but to strengthen it.

> *The leader's interpretation of an organizational concern is itself part of the diagnostic picture. Examining it is not self-blame — it is sound practice.*

Part A — Surface Your Assumptions

In the work you completed in 2A and 2B, certain assumptions are likely present — about what is causing the concern, who is responsible, what has been tried, and what would help. This step asks you to make those assumptions visible.

Before completing the tables, consider: Is each assumption based on something you have directly observed — or is it an explanation you have inherited, heard repeated, or accepted without testing? Organizational narratives can feel like facts. This step is an opportunity to examine which is which. As in 2A, separating what you observed from what you inferred (see the ladder of inference) can help you tell assumption from evidence here.

What I am assuming	What supports this assumption?	What might challenge or complicate it?

What I am assuming	What information is missing?	What would I need to learn or verify?

Part B — Consider Missing Perspectives

A single vantage point — however informed — will not capture the full picture of an organizational concern. This step asks you to consider what perspectives may be absent from your current analysis.

Whose experience of this concern have you not yet heard directly?

If someone at a different level of the organization described this situation, what might they emphasize that you have not?

Is there any group, role, or part of the organization that may be experiencing this differently than you currently believe?

What perspective, information, or evidence should you seek before treating your current interpretation as reliable?

Perspective or evidence to seek	Who or where it may come from

Part C — Examine Your Own Role

Leaders are not outside the systems they lead. Leadership decisions, communication patterns, and priorities can be connected to the conditions that produce organizational concerns — sometimes in ways that are difficult to see from the inside.

This is not about assigning blame. It is about ensuring that the diagnostic process is honest enough to be useful.

Reflection prompt	My honest response
How might my decisions, communication, or priorities be connected to the conditions I am examining?	
Am I examining this situation from only one frame or vantage point?	
Is there a perspective I may be discounting or have not yet sought?	
What part of my current interpretation am I least certain about?	

Before Moving to 2D

Review what you have written in this section. Note where assumptions are less well supported, where perspectives are missing, or where your own role may be relevant. These observations should shape how you approach the Five-Lens Check in 2D.

> *The output of this section is a clearer picture of the assumptions, uncertainties, and missing perspectives shaping your current diagnosis. Carry these observations into 2D — Five-Lens Check.*

Part A and Part B are informed by ethical decision-making and cognitive-bias research on surfacing assumptions and blind spots (Rest's Four-Component Model, as presented in Johnson, n.d.; Banaji, Bazerman, & Chugh, 2003). Part C is informed by Carey's (2009, rev. 2025) framework for reflective self-examination — self-transcendence, embeddedness, attentiveness, reasonableness, and responsibility.

2D — Five-Lens Check

Approximately 15–20 minutes · Complete after 2C

Purpose

A common risk in organizational diagnosis is examining a concern through only the frame that feels most familiar or urgent while overlooking what other perspectives may reveal.

This section asks you to examine the concern you have been developing through five distinct frames. Working through all five does not require equal depth in each — it requires honest attention to what each frame surfaces, including frames you may be inclined to set aside quickly.

> *No single frame produces a complete picture. When several frames point toward the same possibility, that convergence may strengthen — but does not confirm — the diagnostic hypothesis.*

The Five Frames

The five frames below are drawn from Carey's multi-frame approach to organizational analysis. For each frame, review the questions in the middle column and record what you notice through that lens in the right-hand column.

Frame	Questions to consider	What I notice through this lens
Rational Frame *Goals, decision-making processes, accountability structures, resource alignment*	Are goals clearly defined and shared across the organization? Is it clear how decisions are made and who is involved? Is accountability applied consistently? Are resources aligned to stated priorities?	
Human Frame *How people experience the organization, relationships, capacity, team dynamics*	How are people experiencing this concern? Are different perspectives being heard? Are leaders attending to the relational dimensions of this situation? How is the team functioning in relation to this concern?	
Systems Frame *Repeating patterns, interdependencies, bottlenecks, unintended consequences*	What patterns keep recurring over time? Where are the bottlenecks or delays? How does one part of the organization affect others? What unintended consequences have appeared?	
Political Frame *Formal and informal influence, competing interests, resource allocation*	Who holds formal and informal influence in relation to this concern? Are there competing interests shaping the situation? Whose interests may be supported or constrained by the current conditions? What may be difficult to discuss openly?	
Cultural Frame *Shared beliefs, informal norms, reinforced behavior, stated versus lived values*	What are the unwritten rules operating here? What does this organization reinforce or tolerate, even unintentionally? How does organizational history shape how people interpret this situation? Where is there a gap between stated and lived values?	

Frame Synthesis

After working through all five frames, use the questions below to identify what emerged, where frames align or diverge, and what additional evidence may be needed.

Synthesis question	My response
Which frame revealed new information you had not yet considered?	
Where do two or more frames point toward the same possibility?	
Where do the frames point in different directions? What might that indicate?	
Which frame was easiest to apply? Which was most difficult — and why might that be?	
What additional evidence or perspective would you need before drawing a conclusion?	
Based on this review, where does the concern currently appear most concentrated?	

> *Convergence across frames strengthens a line of inquiry. It does not prove causation.*

A Note on Frame Preference

A leader relying only on the rational frame may favor structural changes while overlooking cultural or relational conditions. A leader relying only on the human frame may focus on individual experience while overlooking process or system conditions. The risk is not using any one frame — it is treating one frame as sufficient.

If you are strongly drawn to one frame and inclined to dismiss another, note that preference as a possible limitation in your current analysis.

> *Go deeper: if stakeholders hold conflicting interpretations, or this quick pass surfaced something that needs more analytical space, use Supplement A — Five-Frame Deep Dive. It applies the same five frames with more room per frame; it is optional and not required to continue.*

Before Moving to 2E

You should now have considered all five frames, even if some produced fewer observations than others. Where frames converge, you have a basis for a stronger hypothesis. Where they point in different directions, you may be looking at a concern involving more than one condition. Carry your synthesis notes into 2E — Technical / Adaptive Classification.

> *The output of this section is a multi-frame picture of the concern. Carry it into 2E — Technical / Adaptive Classification.*

Informed by Carey's multi-frame approach to organizational analysis (Carey, 1999).

2E — Technical / Adaptive Classification

Approximately 10 minutes · Complete after 2D

Purpose

Before designing a response, it is useful to consider what kinds of change the concern may require. Not all organizational problems are the same type of problem, and a response designed for one type may not address the conditions another type requires.

This section draws on a distinction between two types of challenges: technical problems, which can be addressed through existing knowledge, expertise, or procedures, and adaptive challenges, which require people to change values, habits, priorities, or working relationships. An organizational concern may contain both dimensions.

> *When an adaptive challenge is treated only as a technical problem, the response may address part of the concern while leaving important changes in habits, priorities, values, or relationships unaddressed.*

A Note on the Word "Technical"

Technical does not mean easy or unimportant. It means the concern can be addressed primarily through existing knowledge, expertise, authority, processes, or procedures. A technical challenge may still require significant effort, resources, and stakeholder input.

Technical and Adaptive Dimensions

The table below describes the distinguishing features of each dimension. Read through both columns before completing the worksheet.

	Technical dimension	Adaptive dimension
Nature of the concern	Relevant knowledge or expertise already exists. A process, policy, skill, system, or procedure can be developed or corrected.	The concern may require changes in habits, priorities, values, assumptions, or relationships. No existing expertise fully resolves it on its own.
Type of response	A process change, policy revision, training program, or system update. People with appropriate authority or expertise can lead much of the response. Stakeholder input may still be useful or necessary.	A change in how people think, what they prioritize, or how they work together. The response must involve those who are experiencing the challenge.
Who leads the work	Experts and decision-makers can largely define and implement the solution, though participation may still strengthen the outcome.	When adaptive dimensions are present, the people experiencing the challenge generally need meaningful involvement in understanding and addressing it.
Signs that may be present	A skill gap, an outdated or unclear process, a missing policy, a system or procedure that is not functioning as intended.	Differing understandings of the concern, competing priorities or values, persistent disagreement about what should change, difficulty sustaining change after process-based responses, a need to change habits, relationships, or established ways of working.

> *An organizational concern may contain both technical and adaptive dimensions. The purpose is not to force a single category, but to identify what each dimension may require from the response.*

Classification Worksheet

Use the structured sections below to identify evidence for each type of dimension. Draw on what you recorded in 2A through 2D. Leave a section blank if you do not yet have enough information — that is itself useful to note in the uncertainty section.

Area	Questions to consider	My response
Technical dimensions that may be present	*What process, policy, skill, knowledge, system, or procedure may need attention?*	
	What evidence supports this?	
	What expertise or authority may be needed?	
Adaptive dimensions that may be present	*What habits, priorities, values, assumptions, relationships, or ways of working may need to change?*	
	What evidence supports this?	
	Whose meaningful involvement would be necessary?	
Remaining uncertainty	*What information is still missing?*	
	What might change this classification?	

Your Classification

Based on the evidence currently available, this concern appears to involve:

☐ Primarily technical dimensions
☐ Primarily adaptive dimensions
☐ Both technical and adaptive dimensions
☐ Not enough information yet

What does this classification suggest about the response that may be needed?

What could be missed if only the technical dimension of this concern is addressed?

What could be missed if the concern is treated as entirely adaptive and existing technical gaps are overlooked?

Before Moving to 2F

Carry the classification, supporting evidence, and remaining uncertainty into 2F — Diagnostic Conclusion, where you will bring together everything you have examined to form a defensible hypothesis about the concern.

> *The output of this section is a preliminary classification of the technical and adaptive dimensions that may be present. Carry the classification, supporting evidence, and remaining uncertainty into 2F — Diagnostic Conclusion.*

Informed by the distinction between technical problems and adaptive challenges (Heifetz & Linsky, 2002). This framework comes from outside your ORGL coursework; it is included here as an established, complementary lens for classifying organizational concerns, not as material presented in your program.

2F — Diagnostic Conclusion

Approximately 15–20 minutes · Complete after 2E

Purpose

This section brings together everything you have examined in 2A through 2E into a single, defensible diagnostic hypothesis. The goal is not to produce a certain conclusion — it is to articulate your best current understanding of the concern in a way that can guide a response and be revised as new information becomes available.

A diagnostic hypothesis is not the same as a confirmed finding. It is a structured, evidence-informed statement of what you currently believe may be happening and why. It acknowledges what is known, what is inferred, and what remains uncertain.

> *Diagnosis must come before intervention. This section is the conclusion of the diagnostic process — not the beginning of solution design. Carry the hypothesis into Core Tool 3.*

Step 1 — Gather What You Have Learned

Before writing the hypothesis, briefly summarize what each prior section contributed. Draw directly from what you recorded earlier.

What I carried forward	Summary
The visible concern (from 2A)	
Patterns and structural conditions identified (from 2B)	
Assumptions or uncertainties that may be shaping this analysis (from 2C)	
What the five-lens review revealed (from 2D)	
Technical and/or adaptive dimensions present (from 2E)	

Step 2 — Draft the Diagnostic Hypothesis

Using the summary above, complete the hypothesis framework below. Work through each element in sequence. Where information is missing or uncertain, note that explicitly — uncertainty is part of an honest hypothesis.

Element	What this element asks for	My response
The visible concern	*As observed and described in 2A*	
The recurring pattern	*What appears to recur over time, based on 2B*	

Element	What this element asks for	My response
Contributing or sustaining conditions	*What organizational conditions, structures, assumptions, relationships, leadership patterns, or external pressures may be contributing to or sustaining the pattern?*	
Technical dimensions	*What existing expertise, processes, procedures, or systems may need to be addressed*	
Adaptive dimensions	*What changes in values, habits, priorities, relationships, or ways of working may need to be considered*	
Supporting evidence	*What directly observed or documented evidence supports this hypothesis? What is inferred rather than confirmed?*	
Remaining uncertainty	*What information is still missing? What assumptions have not been tested? What perspectives or evidence are still needed?*	

Step 3 — State the Hypothesis

Using the elements above, write a brief statement of your diagnostic hypothesis. Aim for two to four sentences. The hypothesis should describe the visible concern, the recurring pattern, the conditions that may be contributing to it, and the technical and adaptive dimensions that may need to be considered in the response.

> *Write in language that acknowledges uncertainty: 'may be connected to,' 'appears to involve,' 'the evidence suggests.' Avoid stating the hypothesis as a confirmed diagnosis.*

My current diagnostic hypothesis:

Step 4 — Check Readiness to Act

Before moving to Core Tool 3 — Focused Action Planner, use the questions below to assess whether the hypothesis is sufficiently developed to guide a response.

Readiness question	My response
Is the diagnostic hypothesis based primarily on observable evidence, or is it still largely inferential?	
Have you considered all five frames? Are any frames still based on limited evidence or missing perspectives?	
Are there significant assumptions in this hypothesis that have not yet been tested?	
Are there perspectives — stakeholders, roles, or parts of the organization — whose input would meaningfully change or strengthen this hypothesis?	
Is the hypothesis sufficiently supported to guide a provisional response, or is additional evidence needed first?	

Based on this review:

☐ The hypothesis is sufficiently supported to guide a provisional response.

☐ The hypothesis needs additional evidence before response design begins.

☐ I am uncertain and should revisit one or more sections of Tool 2.

Before Moving to Core Tool 3

If the readiness check indicates that additional evidence is needed, return to the relevant section of Tool 2 before proceeding. If the hypothesis is sufficiently supported, carry it — along with the uncertainty you have identified — into Core Tool 3 — Focused Action Planner.

> *A useful diagnostic hypothesis makes significant uncertainty visible rather than treating it as resolved.*
>
> *The output of this section is a preliminary, evidence-informed diagnostic hypothesis. Carry the hypothesis, supporting evidence, and acknowledged uncertainty into Core Tool 3 — Focused Action Planner.*

This section is a synthesis rather than a new framework: it carries forward the systems-thinking lens from 2A–2B (Senge, 1990; Anderson & Johnson, 1997), the multi-frame analysis from 2D (Carey, 1999), and the technical/adaptive distinction from 2E (Heifetz & Linsky, 2002).

3A — Review Readiness and Define the Goal

Approximately 15 minutes · Complete after 2F

Purpose

This section marks the transition from diagnostic work to response design. It serves two functions: first, to review whether the diagnostic hypothesis from Tool 2 is sufficiently supported to guide a provisional response; second, to define a goal grounded in the diagnosis rather than only in the visible symptom.

The distinction is important. A goal that targets the symptom may produce a response that addresses the surface concern while leaving the contributing conditions unchanged. A goal grounded in the diagnostic hypothesis is more likely to produce a response that addresses the conditions identified in the current diagnostic hypothesis.

> *Diagnosis and intervention must remain separate. This section reviews whether the hypothesis is sufficiently supported to guide a provisional response and defines the goal — it does not design the response. Response design begins in 3B.*

Part A — Review the Diagnostic Foundation

Before designing a response, briefly summarize the preliminary diagnostic hypothesis you are carrying forward from 2F. This step helps ensure the response will be grounded in the diagnostic work rather than only in the initial impression of the concern.

What I am carrying forward	Summary
The diagnostic hypothesis (from 2F)	
Key evidence supporting the hypothesis	
Technical dimensions identified	
Adaptive dimensions identified	
Remaining uncertainty and missing perspectives or evidence still needed (from 2F)	

Part B — Assess Whether Additional Evidence Is Needed

Even a well-developed diagnostic hypothesis may benefit from additional validation before a response is designed. Use the questions below to identify whether additional evidence or input should be gathered first.

Validation question	My response
Is there additional evidence or stakeholder input that should be gathered before designing a response?	

Validation question	My response
Are there parts of the hypothesis that are based primarily on inference rather than observation? What would help test those parts?	
Are there conditions or stakeholders that the diagnostic process may not have fully considered?	

Based on this review:

☐ The hypothesis is sufficiently supported to guide a provisional response.

☐ The hypothesis is sufficiently supported to guide a limited first response while additional evidence is gathered.

☐ Additional evidence or input is needed before response design begins.

If additional evidence is needed, what specifically is required and how will it be gathered?

Part C — Define the Goal

A goal, in this context, is not a solution or an action step. It is a description of the organizational condition you are working toward — the state the organization would be in if the concern and its contributing conditions were addressed.

Defining the goal at the organizational-condition level helps keep response design connected to the diagnosis rather than only to the visible symptom.

> *The goal should describe a desired organizational condition, not a specific activity or output. 'Clearer role definition and decision authority across teams' is a goal. 'Conduct a role-mapping workshop' is an activity.*

Element	What this asks for	My response
The desired organizational condition	*Describe the condition you are working toward — not a solution, but what the organization would look like if the concern were addressed*	
How this differs from the current state	*What is different about the desired condition compared to what exists now? Be specific about the gap.*	
How this goal connects to the diagnostic hypothesis	*How does the desired condition address the conditions identified in the diagnostic? Not the symptom — the contributing conditions.*	
Early indicators of progress	*What early observable change would suggest movement toward the desired condition? Detailed indicators, timing, and review belong in 3C — this is just a first signal.*	
What this goal does not address	*Are there aspects of the concern — including remaining uncertainties — that this goal does not attempt to resolve? Note them here so they are not assumed away.*	

Before Moving to 3B

You should now have a sufficiently supported diagnostic hypothesis and a provisional goal defined at the organizational-condition level. The goal may be revised if new evidence changes the diagnostic hypothesis. Carry both, along with acknowledged uncertainty, into 3B — Select the First Response.

> *The output of this section is a sufficiently supported diagnostic hypothesis and a provisional goal defined at the organizational-condition level. Carry both, along with acknowledged uncertainty, into 3B — Select the First Response.*

Informed by diagnostic change approaches that maintain separation between diagnosis and intervention design (Deszca, Ingols & Cawsey, 2019).

3B — Select the First Response

Approximately 20–30 minutes · Complete after 3A

Purpose

This section guides the selection of a first response that fits the preliminary diagnostic hypothesis developed in Tool 2. The goal is not to design a comprehensive intervention — it is to identify a first action that is proportionate to the evidence available, addresses the conditions identified in the hypothesis rather than only the visible symptom, and can be monitored and adjusted as more is learned.

A response selected at this stage should be understood as provisional. New information, stakeholder input, or observed effects may indicate that it needs to be revised, supplemented, or replaced.

> *A response aimed only at the visible symptom may leave contributing conditions unaddressed. The response should connect to the conditions identified in the current evidence-informed hypothesis.*

What a First Response Can Be

The first response does not need to be a large or complete intervention. When important uncertainty remains, a first response may be a limited intervention, a small test, or a focused information-gathering step. Examples include:

- Gathering missing stakeholder input or perspectives
- Testing an assumption before committing to a larger change
- Piloting a limited process change in one area
- Clarifying a role or decision process that appears to be a contributing condition
- Reviewing additional evidence before designing a fuller response

> *The first response should be small enough to learn from and revise. Proportionality to the current evidence is more important than comprehensiveness.*

Generate a Few Possible Responses

Before selecting a response, identify two or three plausible options. Use the table below to briefly assess each.

Possible response	Condition(s) it may address	Technical and/or adaptive fit	Main advantage	Main risk or limitation

Which option appears most appropriate as the first response, based on the evidence currently available?

Part A — Describe the First Response

Using the option selected above, describe it in more detail using the framework below.

Element	What this asks for	My response
What the response involves	*Describe the response in plain terms. What would actually happen?*	
Condition(s) in the hypothesis it addresses	*Which condition or combination of conditions in the diagnostic hypothesis does this response address? Be specific — name the condition, not the symptom.*	
Technical dimension it addresses	*If the concern has technical dimensions, what process, policy, skill, system, or procedure does this response address?*	
Adaptive dimension it addresses	*If the concern has adaptive dimensions, what changes in habits, priorities, values, relationships, or ways of working does this response attempt to support?*	
Who needs to be involved	*Consider the stakeholder roles this response depends on: who has the authority or resources to sponsor it, who will coordinate the work, who will perform or experience the change, and who can actively advocate for it (Sponsor, Agent, Target, Advocate)?*	
Resources and conditions needed	*What authority, time, funding, capacity, or organizational conditions are needed to carry this response forward?*	

Part B — Check the Fit to the Diagnostic Hypothesis

Use the questions below to evaluate how well this response fits the preliminary diagnostic hypothesis. The aim is to ensure the response addresses the contributing conditions currently supported by the evidence, not what is easiest or most familiar.

Fit-to-hypothesis question	My response
Does this response address the contributing conditions in the diagnostic hypothesis, or primarily the visible symptom?	
Is the response appropriate to the type of challenge — technical, adaptive, or both — identified in the diagnostic?	
Is it proportionate to the current evidence? Does the scale of this response match how well-supported the hypothesis is?	
Is it small enough to learn from and revise? What is the smallest useful response that could test the hypothesis or create movement toward the goal without committing more resources than the evidence currently supports?	
Who must be meaningfully involved? Are there stakeholders whose participation is essential for this response to hold?	
What are the most likely risks or unintended consequences of this response?	
What would this response leave unaddressed — and is that acceptable given what is currently known?	

Fit-to-hypothesis question	My response
What would indicate that this response is not working and should be revised?	
What additional evidence should be gathered while this response is underway?	

> *A technically feasible response may still be a poor fit if it does not address the conditions identified in the diagnostic hypothesis. If the fit check reveals a meaningful mismatch, revise the response before proceeding.*

Part C — Note What Is Not Being Done Yet

Selecting a first response means setting aside other possible responses — at least for now. Naming what is not being done, and why, prevents premature action on too many fronts and creates a record for later planning.

Possible response not selected	Why not yet — or why it may belong in a later phase

Before Moving to 3C

Carry the response description, fit-check notes, acknowledged risks, and deferred alternatives into 3C — Sequence, Measure, and Review, where you will plan how the response will be implemented, monitored, and adjusted.

> *The output of this section is a provisional first response selected because it appears to fit the diagnostic hypothesis, available evidence, and desired organizational condition. Carry the response, fit-check notes, acknowledged risks, and deferred alternatives into 3C — Sequence, Measure, and Review.*

Informed by Deszca, Ingols & Cawsey's (2019) change-path approach to keeping response design connected to diagnosis, and by Crosby's (2016) Sponsor-Agent-Target-Advocate (SATA) framework for stakeholder roles: Sponsor (authority and resources to authorize the change), Agent (coordinates or facilitates without formal authority over those doing the work), Target (performs or is directly affected by the change), and Advocate (supports the change and helps build commitment).

3C — Sequence, Measure, and Review

Approximately 20–30 minutes · Complete after 3B

Purpose

This section turns the provisional response selected in 3B into a workable plan. It addresses three things: how the response will be sequenced, what will be monitored to determine whether it is creating movement toward the desired condition, and when it will be reviewed and potentially revised.

An implementation plan at this stage should be proportionate to the current evidence. It is not a comprehensive project plan — it is enough structure to move the response forward, learn from it, and adjust as needed.

> *Implementation planning does not end the diagnostic process. The response may reveal new information that changes the current hypothesis, the goal, or the response itself. Plan for revision from the beginning.*

Part A — Sequence the Response

The table below breaks implementation into four phases. These phases reflect the importance of building understanding, preparing conditions, taking action, and reviewing what happens over time. They translate the Change Path sequence into plain-language planning steps: Awaken, Mobilize, Accelerate, and Institutionalize.

> *Do not assume that awareness and understanding are already shared. Clarifying the concern, rationale, and intended goal can reveal disagreement or missing information before implementation begins.*

Phase	What this phase involves	Field	My plan
Build understanding *Awaken*	*Ensure that the people whose involvement is needed understand the concern, the evidence behind it, and the rationale for this response.*	*Owner or lead*	
		Who needs to participate	
		What must be in place before this phase begins	
		What will indicate readiness to move forward	
Prepare the conditions *Mobilize*	*Put the structures, relationships, authority, and resources in place that the response requires before action begins.*	*Owner or lead*	
		Who needs to participate	
		What must be in place before this phase begins	
		What will indicate readiness to move forward	
Implement the first action *Accelerate*	*Carry out the provisional response. Monitor closely. This phase should generate evidence about whether the conditions identified in the hypothesis are being addressed.*	*Owner or lead*	
		Who needs to participate	
		What must be in place before this phase begins	

Phase	What this phase involves	Field	My plan
		What will indicate readiness to move forward	
Review and embed *Institutionalize*	*Assess what has been learned, revise the response or hypothesis if needed, and determine what is required to sustain any progress that has been made.*	*Owner or lead*	
		Who needs to participate	
		What must be in place before this phase begins	
		What will indicate readiness to move forward	

Part B — Identify What to Monitor

Effective monitoring requires knowing in advance what you are watching for — not just whether the response is being implemented, but whether it is producing observable movement toward the desired organizational condition.

Use the table below to identify indicators across each type. Be specific enough that the indicators can actually be observed during the review period.

Indicator type	What to watch for	My specific indicators
Early movement	*What evidence would suggest the response is creating movement toward the desired organizational condition?*	
Signals of fit	*What would suggest the response is addressing the conditions identified in the current diagnostic hypothesis rather than only the visible symptom?*	
Signals of misfit	*What would suggest the response is not addressing the right conditions and needs to be revised?*	
Unintended effects	*What unintended consequences should be monitored? Where might the response create new problems or affect other parts of the organization?*	
Evidence to gather	*What specific evidence will be gathered during the response period to inform the review?*	
Who will gather or review it	*Who is responsible for collecting, reviewing, or reporting on the evidence above?*	

Part C — Plan the Review

Schedule one or more review points appropriate to the scale, timing, and uncertainty of the provisional response. The review should assess what evidence suggests about movement toward the desired condition and whether the hypothesis, goal, or response needs to be revised.

Review	Timing	What will be reviewed	Evidence to consider	Who will be involved
1				
2				

Review	Timing	What will be reviewed	Evidence to consider	Who will be involved
3				

Revision Decision

At each review point, use the options and prompts below to decide what happens next.

- ☐ Continue as planned
- ☐ Adjust the response
- ☐ Pause and gather more evidence
- ☐ Stop this response
- ☐ Return to Tool 2 and revise the diagnostic hypothesis

What evidence supports this decision?

What changes before the next review?

Who needs to be informed or involved?

> *If the review reveals that the current hypothesis has changed significantly, return to the relevant section of Tool 2 before redesigning the response. A revised hypothesis may call for a different response.*
>
> *Applied leadership insight: a clear phase plan does not guarantee a linear implementation. If real conditions become more reactive or fragmented than the original diagnosis anticipated, use this review point to adjust the response, or return to diagnosis, rather than forcing the plan forward.*

Completing the Toolkit Sequence

Completing 3C closes the primary toolkit sequence. The provisional diagnostic hypothesis, the selected response, and the monitoring and review plan together form the foundation for an ongoing learning cycle. The toolkit may be revisited — in full or in part — as new evidence emerges, the concern evolves, or the response produces unexpected results.

> *The output of this section is a sequenced plan for a provisional response, including ownership, monitoring indicators, and review decisions. It closes the core toolkit sequence while preserving the option to revisit the diagnosis, goal, or response as new evidence emerges.*

Informed by the Change Path model's sequencing, monitoring, and review approach to organizational learning (Deszca, Ingols & Cawsey, 2019).

A Note on Using This Toolkit

This toolkit is designed around a central principle: leaders should examine the conditions that may be contributing to an organizational concern before designing a response.

That does not mean diagnosis is easy, or that a more structured diagnostic process guarantees a better outcome. It means that the pause between recognizing a concern and designing a response is worth protecting — and that the working hypothesis a leader carries into response design should be evidence-informed, uncertainty-aware, and open to revision.

The core tools in this toolkit are designed to support that process. They are not a substitute for leadership judgment, organizational knowledge, or the input of the people closest to the concern. They are a structure for developing a clearer, evidence-informed understanding of the concern before deciding what to do about it.

> *Every organizational concern is situated in a specific context — a history, a set of relationships, a set of pressures that no diagnostic tool can fully account for. Use this toolkit as a thinking aid, not a formula.*

The first pass through the toolkit does not have to be the final word. Return to earlier sections when new evidence, stakeholder perspectives, or implementation results change your understanding of the conditions that may be contributing to or sustaining the concern.

Finally, the hypothesis that guides a response should remain provisional. The goal is not to arrive at a certain conclusion — it is to develop a working understanding of what may be happening that is honest about what is known, what is inferred, and what remains uncertain.

Research Foundation

Each tool is grounded in the leadership coursework, organizational theories, and published sources documented in the project's Evidence and Grounding paper. The table below maps each core tool to its approved sources and the key concepts it draws on.

Core tool	Approved sources	Key concepts
Core Tool 1 Organizational Health Snapshot	*Waterman, Peters & Phillips (1980) Northouse (2022)*	An adapted, 7-S-informed organizational scan, not an exact reproduction (People & Skills combines the original Staff and Skills elements; Shared Values is reflected across Strategy & Alignment and Culture & Values); organizational alignment across connected domains; Situational Leadership II (directing, coaching, supporting, delegating) as the specific Northouse contribution to Leadership Style
Core Tool 2 Symptom-to-System Diagnostic (Sections 2A–2F)	*Senge (1990) Anderson & Johnson (1997) Carey (1999) Carey (2009, rev. 2025) Johnson (n.d.) Banaji, Bazerman, & Chugh (2003) Heifetz & Linsky (2002)*	Events, patterns, structures, and mental models; the ladder of inference — separating observation from inference; ethical decision-making and cognitive-bias research supporting assumption-checking; reflective self-examination; rational, human, systems, political, and cultural frames; technical and adaptive dimensions; preliminary diagnostic hypothesis as synthesis
Core Tool 3 Focused Action Planner (Sections 3A–3C)	*Deszca, Ingols & Cawsey (2019) Crosby (2016)*	Diagnosis before intervention; goal defined at the organizational-condition level; alignment between diagnosis and response; Change Path sequencing; Sponsor-Agent-Target-Advocate (SATA) stakeholder-role analysis in Tool 3B; monitoring, review, and adaptation

Full References

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Crosby, C. (2016). *Strategic organizational alignment: Authority, power, results*. Business Expert Press.

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Supplement A — Five-Frame Deep Dive

Optional Supplement · Time varies · Use when Core Tool 2D indicates more depth is needed

When to Use This Supplement

The Five-Lens Check in Core Tool 2D provides a quick pass through five diagnostic frames. This supplement is for situations where that quick pass is not sufficient — where stakeholders hold conflicting interpretations of the concern, where the concern is complex or contested, or where the five-lens review surfaced significant information that warrants more careful examination.

Use this supplement when you need more structured analytical space for each frame than Core Tool 2D provides. It is not required to complete the core diagnostic sequence.

> *This supplement applies the same five frames used in Core Tool 2D. It does not add new frames or change the diagnostic model. The difference is depth and writing space — not method.*

Five-Frame Analysis

Work through each frame below. For each one, use the diagnostic questions in the middle column to guide your analysis. Record specific observations, patterns, and evidence in the right-hand column. Leave a frame blank if you do not yet have enough information — gaps are useful to note.

When multiple frames point toward the same possibility, that convergence may strengthen a line of inquiry. Divergence may indicate the concern involves more than one contributing condition. Complete all five frames before moving to synthesis.

Frame	Deeper diagnostic questions	What I notice — observations, patterns, evidence
Rational Frame *Goals, decision processes, accountability, resources, planning*	What goals are relevant to this concern? Are they clearly defined and shared across the organization? How are decisions made in relation to this concern? Is the process clear, consistent, and understood? How is accountability applied? Are there gaps between stated accountability and actual practice? Are resources — funding, time, staffing — aligned to the stated priorities related to this concern?	
Human Frame *Relationships, individual experience, capacity, motivation, team dynamics*	How are people experiencing this concern? What relational patterns, tensions, or experiences appear relevant to the concern? Are there differences in how various roles or groups experience or understand this concern? Is there capacity to address this concern — skills, time, energy, and stability among the people involved? Are leaders attending to the relational dimensions of this concern? Is there room for people to raise concerns?	
Systems Frame *Repeating patterns, interdependencies, feedback relationships, structural conditions*	What patterns are repeating over time in relation to this concern? How long have they been visible? What structures, processes, or organizational conditions appear to be producing or sustaining the pattern?	

Frame	Deeper diagnostic questions	What I notice — observations, patterns, evidence
	How does one part of the organization affect others in ways that may be relevant to this concern? Where are the interdependencies that may be difficult to see from within a single role or team?	
Political Frame *Power, influence, competing interests, resource allocation, what cannot easily be said*	Who holds formal and informal influence in relation to this concern? How is that influence being used? Whose interests may be supported or constrained by the current conditions? Are there competing priorities or resource pressures that may be driving behavior in this situation? What may be difficult to discuss openly in this organization? What is not being said?	
Cultural Frame *Shared beliefs, informal norms, stated versus lived values, what behavior is reinforced*	What are the unwritten rules operating in relation to this concern? What does this organization reinforce or tolerate, even unintentionally — and how does that relate to this concern? How does organizational history shape how people interpret or respond to this concern? Where is there a gap between stated values and the values visible in actual behavior and decision-making?	

Cross-Frame Synthesis

After completing all five frames, use the questions below to identify patterns, convergences, and remaining questions before returning to the core diagnostic sequence.

Cross-frame synthesis question	My response
Which frame surfaced the most unexpected or important information?	
Where do two or more frames point toward the same possible contributing condition? Describe what you notice.	
Where do the frames point in different directions? What might account for the divergence?	
Which frame was most difficult to apply to this concern — and what might that suggest?	
What is your single most important observation across all five frames?	
Based on this review, where does the concern appear to be most concentrated — and what still needs to be examined?	

> *Convergence across frames strengthens a line of inquiry. It does not confirm causation. Carry the synthesis notes back into Core Tool 2F — Diagnostic Conclusion to update or refine the diagnostic hypothesis.*

A Note on Frame Preference

As in Core Tool 2D: if you are strongly drawn to one frame and inclined to dismiss another, note that preference as a possible limitation in your current analysis.

Returning to the Core Sequence

Carry the synthesis notes and any updated observations from this supplement into Core Tool 2F — Diagnostic Conclusion. If this analysis has changed your understanding of the concern, revise the diagnostic hypothesis accordingly before moving to Core Tool 3.

> *The output of this supplement is a deeper multi-frame analysis that may refine the current diagnostic hypothesis. Carry the synthesis notes into Core Tool 2F — Diagnostic Conclusion.*

Informed by Carey's multi-frame approach to organizational analysis (Carey, 1999).

Supplement B — Systems Mapping Deep Dive

Optional Supplement · Time varies · Three methods — Iceberg Model, Behavior Over Time Graph, Simplified Causal Loop Diagram

Introduction

This supplement is optional and is not required to complete the core diagnostic sequence. You do not need to complete every section below — each method answers a different question about the concern you are examining. Begin with the simplest method that fits the concern, and stop there if it gives you what you need.

Which Method Should You Use?

· Use the Iceberg Model when the concern feels surface-level or poorly understood, and you want to move from a visible event toward patterns, structures, and mental models.

· Use a Behavior Over Time Graph when recurrence, trend, or timing matters — when you want to see how one variable has changed over time.

· Use a Causal Loop Diagram when multiple variables appear to reinforce or balance one another and you want to map possible feedback relationships.

The three sections below are ordered from simplest to most involved. Move to the next section only if the previous one does not give you enough to work with.

Section 1 — Iceberg Model

Best for moving from a visible event toward the patterns, structures, and mental models that may be producing it.

The Four Layers

Organizational concerns may be influenced by patterns, structures, and assumptions that are not immediately visible at the event level. The Iceberg Model describes four levels of a system, moving from what is most observable at the surface to what is least visible.

Events — what is visible right now. The symptom, the incident, the concern as it presents today.

Patterns — what has been happening over time. Trends, repetitions, and changes that are only visible when you look beyond the immediate event.

Structures — the policies, processes, roles, incentives, and organizational conditions that may be producing the pattern.

Mental models — the assumptions, beliefs, and unexamined expectations that may be reinforcing the structures and patterns, often without anyone consciously choosing them.

> *Mental models can be difficult to surface because assumptions may feel familiar or self-evident rather than being recognized as interpretations. Blank space at this layer is acceptable.*

Instructions

Begin with what you already described in Core Tool 2A and 2B. Do not start from scratch — carry your existing observations into this template and use the additional prompts to go deeper.

Work from the top down. Start at the events layer and move progressively deeper. Leave a layer blank if you genuinely do not have enough information — gaps are useful diagnostic signals too.

Layer	What this layer examines	What I notice at this level
Events *The visible concern — what you can directly observe or document*	*What is visible on the surface? Refer to your description from Core Tool 2A.*	
Patterns *Trends, repetitions, or changes over time*	*Over what period has this concern appeared? What trends, repetitions, changes, or turning points do you notice when you look beyond the immediate event?*	
Structures *Policies, processes, roles, incentives, resources, or organizational conditions*	*What policies, processes, roles, incentives, resources, or organizational conditions may be producing or sustaining the pattern above?*	
Mental Models *Assumptions, beliefs, and unexamined expectations*	*What assumptions, beliefs, or unexamined expectations may be reinforcing the structures or patterns above? These may be difficult to surface because assumptions can feel familiar or self-evident rather than being recognized as interpretations.*	

How to Read the Layers

To illustrate: if the visible concern (event) is repeated missed deadlines, the pattern layer might reveal that deadlines have been missed across several project cycles or repeatedly during a particular phase of work. The structures layer might identify unclear role definitions or approval processes that create delays. The mental-models layer might raise a hypothesis that people perceive scheduling concerns as difficult or risky to raise — though this would require further evidence to support.

The example is illustrative only. Your own analysis will surface different conditions depending on the specific organizational context.

Interpretation Questions

After completing the four layers, use the questions below to examine what the analysis reveals and how it connects to your current diagnostic hypothesis.

Interpretation question	My response
What surprised you at the patterns level that was not visible at the events level?	
What structural conditions appear most relevant to the pattern you identified? What makes you believe they may be contributing?	
Were you able to identify any mental models? If not, what assumptions might you be making about why this situation exists?	
Does the deeper analysis change, refine, or complicate your current diagnostic hypothesis?	

Interpretation question	My response
Which parts of the deeper analysis are supported by evidence, and which remain working hypotheses? What additional evidence would help test those hypotheses?	

Section 2 — Behavior Over Time Graph

Best for examining how a key variable or concern has changed over time.

What a Behavior Over Time Graph Shows

A BOT graph places one variable on the vertical axis and time on the horizontal axis. The resulting line — whether drawn or described — shows the behavior of that variable over the period of interest.

The variable should be something that can change in degree, frequency, or amount. Examples of variables that can be graphed include:

- Frequency of reported concerns or escalations
- Staff turnover rate or vacancy rate
- Team response time or throughput
- Frequency of missed handoffs or deadlines
- Rate of policy exceptions or workarounds

> *The graph does not need to be precise. A rough sketch or a narrative description of the shape — increasing, decreasing, fluctuating, plateauing — is sufficient for diagnostic purposes. Do not fabricate numerical data.*
>
> *The graph may draw on documented quantitative data or on a clearly labeled qualitative estimate based on available records and observations. When relying on recollection or estimation, label it as such. Do not present estimates as precise measurements.*

Step 1 — Define What You Are Tracking

Before graphing, complete the table below to define the variable, the time period, and the sources you will draw on.

Field	Guidance	My response
Variable to track	*Name one specific, observable variable — something that can change in amount, degree, or frequency over time. Avoid naming an event; name the thing that changes.*	
Unit or measure	*How will you describe this variable? (e.g., frequency of reported incidents, staff turnover rate, number of escalations, team capacity, response time)*	
Time period	*What time period is most relevant to this concern? Select the period most relevant to the concern. The period may begin before the pattern was clearly recognized and may end at the present or another meaningful review point.*	
Data sources	*What is the basis for this graph? Note whether it draws on: direct records or metrics; repeated documented observations; stakeholder reports; or recollection and estimation. How reliable is the*	

Field	Guidance	My response
	available information, and what limitations should be noted?	

Track one variable per graph. If you want to compare two variables, create a separate graph for each before examining how their patterns may relate. Do not place unrelated units on the same vertical axis.

Step 2 — Sketch or Describe the Pattern

Use the space below to sketch the behavior of the variable over time, or describe the shape of the pattern in words if a sketch is not practical. Mark any notable turning points, spikes, drops, plateaus, or periods of rapid change.

↑ Variable	*[Sketch or describe the pattern of change here]*
	Time → (earlier) (now)

Or describe the pattern in words:

Step 3 — Interpret the Pattern

Use the questions below to connect what the graph shows to the diagnostic work already completed.

The graph shows how a variable behaved over time. It does not establish why the pattern occurred. A change that appears near an event, decision, or organizational shift does not by itself prove causation.

Question	What to consider	My response
Overall trend	*Is the variable generally increasing, decreasing, fluctuating, or stable? Over what period?*	
Notable changes	*Are there points where the variable changed direction, spiked, or plateaued? When did these occur?*	
Possible connection to the concern	*How does this pattern relate to the concern you are diagnosing? What might it suggest about contributing conditions?*	
What the graph does not show	*What is missing from this picture? What other variables might matter and are not captured here?*	
Relationship to hypothesis	*Does this pattern support, complicate, or change your current diagnostic hypothesis? How?*	

Section 3 — Simplified Causal Loop Diagram

Best for exploring possible feedback relationships among a small number of variables.

What a Causal Loop Diagram Shows

A CLD uses variables (named things that can increase or decrease in degree or amount) connected by labeled arrows that describe the direction of influence between them.

Positive relationship: +

The variables move in the same direction, all else being equal. If Variable A increases, Variable B tends to increase relative to what otherwise would have occurred. If Variable A decreases, Variable B tends to decrease.

Negative relationship: –

The variables move in opposite directions, all else being equal. If Variable A increases, Variable B tends to decrease. If Variable A decreases, Variable B tends to increase.

> *The + or – symbol describes the direction of the relationship, not whether the relationship is desirable. A + relationship is not better than a – relationship.*

Reinforcing loop: R

A reinforcing loop may amplify movement in a direction. It can contribute to growth or decline — the direction depends on what triggered the initial change.

Balancing loop: B

A balancing loop may counter movement, move the system toward a limit or goal, or support relative stability.

Delay: ||

When the effect of one variable on another is not immediate, mark the arrow with || to indicate a meaningful delay. This is optional and should be used only when the delay appears relevant to the pattern.

> *Keep this diagram introductory. Focus on two to four variables and one or two loops at most. Advanced stock-and-flow modeling, systems archetypes, and multi-loop complexity belong in formal systems analysis — not in this diagnostic supplement. Treat an early diagram as a working hypothesis to test, not a finished analysis — and if it points to a next step, keep that step specific, observable, and testable rather than general.*

Step 1 — Identify the Variables

List the variables you want to include in the diagram. A variable is something that can change in degree or amount. Use the table below to name each variable and note why it appears relevant to the concern.

Variable	Why it appears relevant to the concern	What evidence or observation supports this?

Step 2 — Map the Direct Relationships

For each direct relationship you currently hypothesize, describe how the first variable may influence the second. Draw an arrow only when you can describe a plausible direct influence. If the relationship depends on another variable, include that variable or leave the relationship unmapped.

Do not connect every variable to every other variable. Focus on direct influences you can describe.

> *Variables changing at the same time does not establish that one influences the other. Each arrow should represent a specific hypothesized mechanism supported by evidence or clearly labeled reasoning.*

When this variable increases or strengthens...	This variable may...	Direction + same – opposite	Hypothesized mechanism: how does the influence occur?	Evidence, observation, or reasoning supporting this	What remains uncertain?

Step 3 — Sketch the Diagram

Using the relationships identified above, sketch a simple causal loop diagram in the space below. Draw variables as text labels. Connect them with arrows. Label each arrow + or –. If any arrows form a closed loop, label the loop R or B. Mark any meaningful delays with ||.

If sketching on paper is easier, do that and attach or describe the diagram below.

[Sketch your causal loop diagram here — variables as labels, arrows labeled + or –, loops labeled R or B, delays marked ||]

Step 4 — Interpret the Diagram

Use the questions below to examine what the diagram suggests and how it connects to the diagnostic hypothesis. Keep all interpretations provisional.

Question	What to consider	My response
Variables in the loop	*Which variables are connected in a loop? Name them.*	
Loop type	*Does the loop appear reinforcing (R — movement may amplify in one direction, contributing to growth or decline) or balancing (B — movement may be countered, limited, or stabilized)? Label it as a working interpretation.*	
What the loop may help explain	*If the mapped relationships are reasonably accurate, what pattern might this loop help explain, reinforce, or counter?*	
Basis for the relationship	*Is this relationship based on documented evidence, repeated observation, stakeholder reports, reasoned inference, or a working hypothesis that still requires evidence?*	
Delays	*Are there relationships where the effect is not immediate? If so, note which arrows include a meaningful delay and mark them || on the diagram.*	
What the diagram does not show	*What relationships, variables, or delays are likely present but not captured here? What else might matter?*	
Weakest evidence	*Which arrow in the diagram has the weakest evidence and should be tested or explored first?*	

Question	What to consider	My response
Relationship to hypothesis	*Does this loop support, complicate, or change the current diagnostic hypothesis? How?*	

Returning to the Core Sequence

Carry what you learned from whichever method(s) you used into Core Tool 2F — Diagnostic Conclusion. If this analysis changes or refines your understanding of the concern, update the diagnostic hypothesis accordingly.

> *The output of this supplement is a deeper, evidence-informed picture of the concern from one or more systems-mapping methods. Findings from any section remain hypotheses until supported by additional evidence. Carry your analysis into Core Tool 2F — Diagnostic Conclusion.*

Informed by systems-thinking approaches to organizational patterns, structures, and mental models: the Iceberg Model and causal loop mapping (Senge, 1990; Anderson & Johnson, 1997), and behavior-over-time graphing (Anderson & Johnson, 1997).