Chapter 15

Changing the Culture

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Clinicians these days do much more than treat patients. Motivating people and helping them change is a ubiquitous request. From managing interdisciplinary teams to directing units, divisions, departments, and hospitals, we are often called on to fill leadership positions. We are routinely recruited for such roles primarily because of our training in human behavior and our profound interest in what other people have to say. Although we sometimes frown on administrative and managerial tasks—“I did not go to medical school to learn how to hold meetings!”—a number of us are finding that the principles discussed in this book apply to a wide range of activities beyond the psychotherapeutic dyad. Furthermore, managing people from a humanistic perspective can be as rewarding and gratifying as treating patients.

Whether motivating a team to experiment with a new work schedule or planting the seed of ambivalence in an addict’s mind, the path to the contemplation stage of change is similar. Negotiating a new contract (either of an employee or of your own) may not be all that different from convincing a patient to come to the emergency room. Ultimately, basic motivational skills such as expressing empathy and rolling with resistance can go a long way toward helping people change their behavior in many clinical and nonclinical situations.

In this chapter, I first introduce a case study of an attempt to change the culture of a health care organization. The case is discussed by examining how disciplines other than psychiatry and psychology address motivation and change. I then apply concepts and suggestions on motivating individuals from the world of clinical service (the subject of the previous chapters of this book) to the task of changing the larger culture of a system of individual human beings.
Case Study

A few years ago, I was asked to lead a consultation team for Recovery Central, a community mental health organization that wanted to increase its number of admissions, and consequently, improve its flailing finances. We quickly realized that the problem was not external (there were plenty of patients presenting for treatment) but internal. Several patients were deemed by staff as untreatable or undesirable and thus were turned away. The majority of them were patients who had been treated at the facility in the past but relapsed. A staff member proudly told me: “We do not readmit here. What’s the point? We have no interest in providing a revolving door for people who cannot take advantage of what we have to offer.” And this attitude was shared widely by the rest of the staff. Our task was clear: we needed to help the organization change its culture from “just say no” to “just say yes.”

We identified a number of staff misconceptions about the clinical course of substance use disorders and other mental illnesses. The idea of addiction as a chronic relapsing illness was far from familiar to everyone. We also made a list of other logistical barriers that had to be deconstructed and obstacles that had to be overcome so that patients would be easily admitted to the facility and receive proper care. We invited mental health experts to give in-service seminars and grand rounds lectures, mandated attendance to the training events, and made sure that everyone understood why their attitudes were outdated, uninformed, misguided, or just plain wrong. They needed to change. We wrote tests to check the staff’s knowledge, had the staff take the tests (once again, this was mandated), and put their scores in their permanent personnel files. We asked supervisors to review all cases that we deemed inappropriate for admission and incentivized the desired change by giving staff a bonus based on the number of patients admitted.

A year later, staff could recite diagnostic criteria for major depressive disorder, list the stages of change, and even talk about Motivational Interviewing. However, the number of admissions showed only modest improvement, and ultimately returned to baseline. Supervisors’ reviews of denied cases seemed to reflect that they essentially agreed with the staff’s original choices of rejecting returning patients. The entire exercise of our consultation received high praise from everyone—they liked us! Evaluations revealed that the staff members were very impressed with our qualifications and expertise. They found us “dynamic,” “visionary,” and “inspirational.” But change was not achieved. What went wrong?

Discussion of the Case

Everything went wrong. Wait a minute—that’s not entirely correct. We taught the staff a lot of good theories (not unlike the ones in the book you are holding in your hands), and we provided them with practical, hands-on exercises. We checked the impact of our efforts with reviews and feedback mechanisms. But it seems that we missed the mark.
Motivating people to change is not a task unique to the world of psychotherapy. Coaching in sports, inspiring troops in military campaigns, teaching, and parenting share similar ambitions and, quite often, similar techniques. In the corporate world, successfully motivating employees has become the very core mission of business administration, management, and leadership. A basketball coach may be able to dismiss a player more easily than a professional corporate coach can fire a client, but their basic goal and process of motivating people to achieve excellence remain essentially the same. Let’s review some traditional explanations of what might have happened at Recovery Central.

Military: The Art of War (Circa 500 B.C.)

In *The Art of War*, one of the oldest and most popular treatises on military strategy, Sun Tzu suggests that motivating troops requires that the commander and the army be one with the *Tao* (Tzu 500 B.C./2003). He goes on to explain that being one with the Tao in this case means that people and their superiors work toward common goals. Although this idea seems self-evident, it is in stark contrast to the alternative strategies of the carrot and the stick, which are the bread and butter of today’s approach to motivating people. James Flaherty (2005) gave another name for the carrot-and-stick tactics of motivation; he called them the *amoeba theory of management*. Do you remember the amoeba experiments from high school biology labs? You could make an amoeba move in a particular direction by either poking it with a needle from the back or placing a piece of sugar in front of the protozoon (Figure 15–1). The problem here is that these techniques ignore the internal desires, fears, hopes, and goals of the amoeba itself. And people are not amoebas. Trying to motivate people by fear and punishment (needle) ultimately leads to resentment and revolution; hoping to lead by charisma and infatuation (sugar) leads to disillusionment and secrecy, as we explain below in the “Business: Charisma Versus the Brutal Facts (2000s)” section.

Had we appreciated Sun Tzu’s perspective, we might have invested more in listening than talking at Recovery Central. We clearly employed a top-down instead of bottom-up approach. Effective motivation and lasting change depend on gaining an understanding of the staff’s needs and building a relationship based on common goals.

Sociology: The Hawthorne Effect (1920s)

In a series of studies with factory workers conducted at the Hawthorne Works manufacturing facility in Illinois between 1924 and 1932, productivity improved dramatically during the experiment but returned to baseline after the researchers
left the plant (Mayo 1949). The classic interpretation of this finding is that the workers were motivated and worked harder just because they were being studied. Perhaps they feared that they were under greater scrutiny, or they responded to the experimental conditions by working as a team toward a higher goal, or they felt that they were being heard by the higher-ups. The Hawthorne effect is essentially the social equivalent to the well-described pharmacological placebo effect.

At Recovery Central, the staff may have responded to our consultation with a combination of fear and good intentions, which resulted in the modest improvement in attitude and number of admissions. However, the positive outcomes were short-lived.

Education:
What You Expect Is What You Get (1960s)

In the 1960s, Rosenthal and Jacobson (2003) expanded the ideas of the Hawthorne studies to the worlds of education and parenting. They conducted an experiment with a group of elementary school teachers as their unsuspecting subjects. At the beginning of the school year, the researchers told the teachers
that some students were particularly bright; they were the “academic spurters” as compared to the rest of the class. In fact, the so-called gifted students were selected randomly and any difference between the two groups existed solely in the teachers’ minds. At the end of the school year, the designated academic spurters scored considerably higher on standard IQ tests than the children who were deemed less gifted. Rosenthal and Jacobson named this self-fulfilling prophecy the *Pygmalion effect* after the mythological sculptor who fell in love with his own ivory creation.

Perhaps our expectations of the staff at Recovery Central were not high enough to effect change. More correctly, we may have hoped that they would change in the direction we wished, but we failed to allow ourselves to believe that they were truly willing (or even capable) of changing.

**Sports:**

**The Self-Determination Theory (1980s)**

From a sports psychology perspective, motivation for achieving athletic goals traditionally has been seen as driven by two forces: 1) external rewards and 2) internal resolve. The external force is based on the ideas of operant conditioning, not unlike Flaherty’s amoeba theory (Flaherty 2005)—people learn from the consequences of their actions and respond to environmental cues by seeking reward and avoiding punishment. The internal force was not fully appreciated until the 1984 Olympics in Los Angeles, when the field of sport and exercise psychology became a scientific discipline in earnest. The *self-determination theory*, formally introduced by Edward L. Deci and Richard M. Ryan in the 1980s, postulates that an athlete’s behavior is primarily self-endorsed and self-determined, thus shifting the focus of motivational efforts from external to internal considerations (Deci and Ryan 1985). If the Hawthorne and Pygmalion effects point to the power of social placebos, self-determination theory reminds us that humans still maintain a degree of autonomy and free will.

At Recovery Central, the consulting team appreciated neither the cultural context of the organization nor the staff’s own needs for competence and self-actualization. We steadfastly insisted on a highly directive approach that suffocated both nurturing and nature.

**Business:**

**Charisma Versus the Brutal Facts (2000s)**

Since the 1990s, the work of Jim Collins has informed and transformed the way we think about motivation and change in the business arena (Collins 2001,
2005, 2009; Collins and Porras 1995). He boldly states that “expending energy trying to motivate people is largely a waste of time” (Collins 2001). Helping people face brutal facts is far more helpful than giving inspirational pep talks. Based on extensive research in what makes today’s companies succeed or fail, he challenges the traditional idea that a strong, charismatic, highly motivating, and visionary leader is an essential factor for positive change. In fact, charismatic leaders tend to shield—and more importantly, be shielded from—the frequently unpleasant truth, thus becoming less effective in the long run than their less charismatic counterparts.

It is unlikely that the staff members at Recovery Central were fully forthcoming about the messy realities of their everyday work when talking with the consultation team, whose members included Ivy League professors with considerable ego strengths (if not egos) and personality pizzazz. Remember how we were evaluated as impressive and inspirational? Charisma might have been more of a liability than an asset for effecting change.

Suggestions for Change

From a Transtheoretical Model of Change (Prochaska and DiClemente 1984) and Motivational Interviewing (Miller and Rollnick 2002) perspective, our consultation at Recovery Central essentially failed primarily because we misdiagnosed the stage of change. More correctly, we did not even attempt to identify the stage of change at the organization. We behaved as though Recovery Central were fully ready for a new approach to treatment, when the reality was quite different. The system was more in the precontemplation than the preparation stage of change.

Is it possible to apply our clinical expertise in motivation and change gained from working with individual patients to changing the culture of a system? I believe so. Then how do we do it? First, we embrace the basic premise of Motivational Interviewing that change is natural and intrinsic to humans—and by extension, human systems. By adopting a spirit of collaboration and expressing genuine empathy for the struggles of the people in a system that needs change, we can adapt the techniques and strategies of Motivational Interviewing to the larger task of changing an entire cultural structure. Without repeating the treatment suggestions detailed in the previous chapters of this book, I now discuss a few motivational methods that may be particularly helpful in working with systems, based on the stages of change.

Precontemplation

The essence of working with an organization at the precontemplation stage is planting the seed of ambivalence. Specifically, we try to identify any discrep-
ANCY BETWEEN WHERE THE SYSTEM IS AND WHERE WE WOULD LIKE IT TO BE. FOR EXAMPLE, AT RECOVERY CENTRAL THE STAFF MAY HAVE HAD NO INTEREST IN ADMITTING “REPEAT OFFENDERS” OR “FREQUENT FLYERS,” BUT THEY STILL MAY HAVE WANTED TO OFFER A SOLUTION TO THESE PATIENTS’ PROBLEMS. FEW PEOPLE LIKE TO BE MEAN, AND GIVEN THE OPPORTUNITY, THE STAFF WOULD HAVE LIKED TO HAVE BEEN ABLE TO OFFER A MUTUALLY ACCEPTABLE ALTERNATIVE TO ADMISSION. ANOTHER WAY TO APPROACH ASSESSING A SYSTEM AT THIS STAGE IS TO ASK FOR A DESCRIPTION OF A TYPICAL DAY. IN GOING THROUGH THE DETAILS OF DAILY LIFE, PEOPLE INEVITABLY REPORT BOTH WHAT THEY EXPERIENCE AND WHAT THEY WISH THEY COULD EXPERIENCE. CAPITALIZING ON THE SMALLEST DISCREPANCY BETWEEN REALITY AND PERFECTION, AND EVENTUALLY DRIVING A WEDGE THROUGH IT, IS AN EFFECTIVE WAY TO MOVE THE SYSTEM FROM PRECONTEMPLATION TO CONTEMPLATION.

**Contemplation**

At the contemplation stage of change, systems are asked to perform a cost-benefit analysis—based on the brutal facts of the organization’s realities. A two-by-two table is constructed: the columns identify positive and negative outcomes, whereas the rows depict what things would look like with and without the proposed changes (this is an example of a decisional balance sheet, discussed further in Chapter 4, “Contemplation”). For example, a church that is considering accepting same-sex marriages may benefit from such a decisional analysis. Traditionally, when we try to change a system we tend to focus on the quadrant of negative outcomes that may occur if things don’t change—and sometimes the wonderful things that will happen if things do change. However, investigating all four quadrants moves the process of change more effectively. Exploring a congregation’s fears of negative publicity or divine retribution if lesbians and gays start getting married may reveal little basis for these concerns. Ironically, the church may get a step closer to preparation for same-sex marriages by allowing the dissenting opinions to be fully heard.

**Preparation**

Before appreciating the need for motivational approaches to change—and developing effective methods for evoking intrinsic motivation—helpers of all sorts tend to say: “Come see me when you are ready.” Such rebuttal often stems less from a disinterest in helping with the task than from a lack of technology to work with people and systems in earlier stages of change. Traditional coaching and consulting feel much more competent, and thus comfortable, with the task of motivating people who are already prepared to change. From H.A. Dorfman’s (2003) *Coaching the Mental Game: Leadership Philosophies and Strategies for Peak Performance in Sports—and Everyday Life* to Max Messmer’s (2001)
Motivating Employees for Dummies, the world is full of inspirational advice—provided the person is prepared to receive it. Nonetheless, our expertise in clinical settings can still provide unique insights and recommendations in changing a culture. In the preparation stage, motivational work focuses on developing a realistic action plan that anticipates problems and identifies solutions. However, during this time there is danger of a system reverting to the contemplation stage of change when hit by unforeseen complications and frustrating obstacles. For example, overwhelmed by the magnitude of the task, a country that seemed to be fully prepared to change its health care system may start rethinking the wisdom of its resolve. Ambivalence has crept back in. In this case, recruiting contemplation stage strategies may be the most effective approach.

**Action**

Living in a new home is stressful—even if the new home is better than the old one. Adjusting to the new realities of the action phase can be logistically complex and emotionally taxing. For example, a newspaper that recently moved its entire production online may face severe demoralization of its workforce despite the accompanying financial stabilization. Cognitive-behavioral methods of identifying, avoiding, and/or coping with triggers of relapse can be very helpful both for patients and for organizations in transition. In addition, this stage may be the right time for consolidation of intrinsic motivation with extrinsic coercion. For journalists whose organizations are now in the black after years of being in the red, appreciating that financial well-being does not necessarily occur at the expense of quality can open the door to new ideas. Ultimately, these journalists may embrace the unique opportunities of the electronic medium instead of always longing for the good old days of smelling ink on paper.

**Maintenance**

Maintaining and consolidating the gains of the changed behaviors often require a combination of motivational, cognitive, behavioral, regulatory, disciplinary, and social approaches. After the excitement of a triumphant transformation subsides, systems have to brace for the long run. For example, a law enforcement system that has successfully managed to change its culture and eliminate racial profiling from its practices may find it difficult to sustain the motivation of its members to continue fighting crime without profiling. Especially under stressful conditions, the old ways of thinking, feeling, and behaving feed on disappointments and frustrations, gain strength, and threaten the system with relapse. A multifaceted program based on the following lays the foundation for effective maintenance:
An unrelenting vigilance for early signs of recurrence
• Anticipation and planning in case of relapse
• Continuous care to support self-efficacy and self-correction.

Furthermore, long-term success also calls for the system to be courageous enough to open up, go outside its strict boundaries, break walls of silence, and engage its members with the larger community. For the police force in our example to sustain its cultural shift, a number of community stakeholders (sometimes disenfranchised and angry) have to be involved, heard, and genuinely understood.

Relapse

As difficult as it is not to be disappointed, it is best to accept relapse as part of the process of change. We often say that addiction is a chronic, relapsing illness—and the same principle of acceptance applies to larger systems that struggle to sustain their new identity and culture. In the previous section, I alluded to the importance of vigilance, anticipation, and preparation for relapse. When it does occur, it is essential to return and reengage in the process of change as quickly as possible. Furthermore, identifying the elements that might have triggered the relapse and seizing the opportunities to do things differently next time may result in additional improvements and stronger stabilization of the changed culture. For example, consider a city that has managed to nearly eliminate graffiti from its subway system by empowering its subversive citizens to engage in sports and the arts. Funding for the innovative programs disappears and graffiti returns. The sooner the city council returns to the drawing board and develops alternative lower-cost programs (perhaps based on patronage from charity and community organizations), the higher the likelihood will be of successful reentry to the action stage of changing the face of the city’s transportation system.

One of the greatest challenges for both clinical and nonclinical motivational work is limiting the ambition of the helper. People who hold advice-dispensing positions tend to be quite efficient and effective in achieving change in their own lives and thus expect immediate change in others. More often than not, simply identifying the stage of change; helping an individual or culture move a little forward; supporting her, him, or it at the new stage; and following up is enough. Faster, more ambitious timetables run the risk of overreaching. Ultimately, a humanistic approach that focuses on communication, collaboration, and the intrinsic motivation of people to change is often the key to success at any stage of change.
The spirit of Motivational Interviewing is based on this humanistic orientation in contrast to the more traditional attitudes toward motivation and change. Douglas McGregor (2005) crystallized the two approaches and described two very different attitudes toward workforce motivation; he called them Theory X and Theory Y (Table 15–1). Theory X assumes that people only work for money and security, whereas Theory Y embraces individuals’ own search for fulfillment as the foundation of motivation. Successfully changing the culture of a system relies heavily on a Theory Y attitude.

**Suggestions for Teaching and Supervision**

Teaching and supervising a trainee in psychotherapy is surprisingly similar to advising a consultant who is working to change the culture of a system. The basic principles—and challenges—outlined in this book are relevant to both settings. However, consultants who seek advice for a project have subtly different expectations of their teachers than psychotherapy students have of their supervisors. Both groups appreciate practical information, but in general, psychotherapy students are more history oriented and like to analyze “what went wrong,” whereas consultants are somewhat more results oriented and like to work on “what to do about it.” Both perspectives are essential and both groups can benefit from each other’s orientation and focus.

Let’s look at two examples of teaching and supervision. A third-year psychiatry resident who struggled with the treatment of a masseur with borderline personality disorder came to me for advice. The resident wanted me to help her explore the innumerable half-truths that the patient kept bringing to the ses-

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**TABLE 15–1. Douglas McGregor’s Theory X and Theory Y**

<table>
<thead>
<tr>
<th>Managerial attitudes can be classified according to the assumption that people:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theory X</strong></td>
<td><strong>Theory Y</strong></td>
</tr>
<tr>
<td>Are lazy</td>
<td>Are motivated and creative</td>
</tr>
<tr>
<td>Inherently dislike work</td>
<td>Find work as natural as play</td>
</tr>
<tr>
<td>Require coercion to put forth adequate effort</td>
<td>Are committed and self-directed</td>
</tr>
<tr>
<td>Avoid responsibility</td>
<td>Seek responsibility</td>
</tr>
<tr>
<td>Resist change</td>
<td>Welcome change</td>
</tr>
</tbody>
</table>

sions—and the significant countertransference she experienced. When the focus of supervision shifted from relentlessly investigating massage table sagas and psychotherapy couch squabbles to helping the masseur build concrete life skills, both the resident and her patient experienced a sense of improvement, advancement, and relief. In another situation, a junior consultant asked me to supervise him on how to improve communication among staff at a drug rehabilitation center. He clearly expected me to help him create a new organizational structure and teach him how to develop innovative, morale-boosting incentives. I suggested that before drawing up specific strategies and plans, we should look at the personalities of the leadership team and the group dynamics of the line staff. In both cases, the intention was to nudge the students out of their comfort zones—for the resident, this meant speeding things up; for the consultant, slowing things down.

**Movies: The Devil Wears Prada and The September Issue**

In *The Devil Wears Prada* (2006), fashion maven Miranda Priestly, played brilliantly by Meryl Streep, is the head of Runway, the most influential magazine in the fashion industry. From the first few scenes of the movie, viewers see that her attitude is squarely Theory X. Her managerial style is clearly domineering—even tyrannical at times—with complete focus on the job and no concern, or appreciation, for the people who work for her. In Runway’s world of produce or perish, all motivation is extrinsically driven; cruelty and fear abound.

Another way to view Miranda Priestly’s managerial style is through Blake and Mouton’s (1964) managerial grid model of leadership. Their model classifies managerial style based on the leader’s concern for production versus concern for people (Table 15–2). Clearly, Miranda Priestly lives comfortably in the autocratic quadrant. However, in a unique sequel to this fictional portrayal, we are given the opportunity to look at some of the reality behind the imaginary tale.

*The September Issue* (2009) is a documentary film about Anna Wintour, the legendary editor-in-chief of the fashion magazine *Vogue*, the magazine on which *The Devil Wears Prada* is based. Anna does resemble Miranda (or vice versa if you like) both physically and emotionally, but Anna pays far more attention to collaborating with her colleagues and fostering the autonomy of her devoted staff. Despite the cinematographer’s focus on capturing the most frictional aspects of life with Anna, it is obvious that she strives for balance between concern for production and attention to people—in other words, task orientation and human needs. In essence, the famed Anna Wintour is not the autocratic leader portrayed in *The Devil Wears Prada*, but rather a successful team leader, as identified in Table 15–2.
**Key Clinical Points**

- The Transtheoretical Model of Change and Motivational Interviewing concepts, developed to facilitate change in individuals, can be applied to changing the culture of systems of individuals.

- In the precontemplation stage, plant the seed of ambivalence.

- In the contemplation stage, explore both the positive and the negative prospects of life with and without the proposed change in culture.

- In the preparation stage, develop a realistic action plan that anticipates problems and identifies solutions.

- During the action stage, consolidate intrinsic motivation with extrinsic coercion.

- In the maintenance stage, use a multitude of motivational and psychosocial approaches to sustain the desired change.

- If relapse occurs, accept it as an opportunity to reengage, rethink, and reemerge stronger than before.

- Throughout the process of change, focus on communication, collaboration, and the intrinsic motivation of individuals.

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**TABLE 15–2. Blake and Mouton’s managerial grid model of leadership**

Commitment to people and task varies from low to high, resulting in five types of leaders:

<table>
<thead>
<tr>
<th>Leader type</th>
<th>People</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country-club leaders</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Laissez-faire leaders</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Middle-of-the-roaders</td>
<td>Middle</td>
<td>Middle</td>
</tr>
<tr>
<td>Autocratic leaders</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Team leaders</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

*Source.* Blake and Mouton 1964.
Multiple-Choice Questions

For the correct answers to these questions, including explanations of answers, please see the Answer Guide at the end of this book.

1. A Greek family rethinks its cooking strategies. On one hand, the health benefits of a lower-fat diet are well understood and appreciated. On the other, fasolakia ladera are not really ladera unless they happily swim in a sea of olive oil. Ambivalence and tension reign in the family. What’s the stage of change?
   A. Precontemplation.
   B. Contemplation.
   C. Preparation.
   D. Action.

2. Confucius said: “Our greatest glory is not in never falling but in rising every time we fall.” This quote is most helpful in:
   A. Preparation.
   B. Action.
   C. Maintenance.
   D. Relapse.

3. Three friends are stranded in an elevator without their cell phones. One of them keeps buzzing the alarm bell and screams for help while another looks for a way out. The third friend waits for the other two to figure it out. This is an example of the:
   A. Hawthorne effect.
   B. Pygmalion effect.
   C. Self-determination effect.
   D. All of the above.

4. According to Jim Collins’s analysis of successful companies, a leader’s charisma is:
   A. More likely to be a liability than an asset.
   B. More likely to be an asset than a liability.
   C. Irrelevant to success or failure.
   D. More important than the facts in motivating people.
5. Margaret Mead said: “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” This attitude is most consistent with:

A. Theory W.
B. Theory X.
C. Theory Y.
D. Theory Z.

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