Follow-up Lessons and Questions

1. **Risk Creep** – Have we experienced any losses (or near misses) that were due to a combination of “small things” failing simultaneously? Can we imagine any downside risks materializing due to a combination of things going wrong?

2. **Familiarity Bias** – What issues/factors are so familiar that we may be overlooking their potential to impair mission fulfillment?

3. **False Security** – What safety devices, systems and policies do we rely on to keep people, property and reputation safe? Have we stress-tested these devices, systems and policies? What is our confidence about these security resources “working” when needed? Do we have back up plans if a system or device doesn’t work as intended?

4. **Complication Squared** – With respect to complicated systems, equipment, protocols or processes, have we heightened risk by adding an unnecessarily complicated oversight framework? What can we do to make certain that decision-making authority is clear and uncomplicated?

5. **Good News Bias** – How are we working to ensure that “bad news,” mistakes, failures and near-misses are surfaced quickly and that we learn from failure as well as success? Are we doing anything to inspire a “culture of silence” that creates incentives to hide, rather than surface, mistakes? Do we gloss over mistakes? Do we mislead others, or just ourselves?

6. **Group Think** – Are we overconfident... about the risks we face or our ability to “bounce back”? Are diverse points of view welcome and evident in our discussions about new projects or activities?

7. **Hindsight Bias** – Do we settle on “obvious” reasons for failure or missteps? Are we quick to assign blame to human culprits, or do we look for deeper, more complex causes? Do we allow
optimism to cloud our view of the potential downside risks? When you’re conducting an analysis of a failure, loss or misstep, consider asking the following questions:

- Is there a main cause—one that is more fundamental than others?
- Is it possible that instead of A causing B, it is actually B causing A—or that A and B are in a vicious cycle, each continually triggering the other?
- Could there be a third, hidden cause that is responsible for both A and B?
- Is it possible that the coincidence of A, B, and C is simply a fluke—that these events really have nothing to do with one another?

8. **Bad News Bias** – How are we overly influenced by the potential for things to go wrong, and blinded by the “upside” in risk taking?

9. **Environment / Context Bias** – In what ways are our perceptions of risk influenced or distorted by: the desire for short term rewards/gains, by what others do (“keeping up with the Joneses”), by what we perceive to be at stake, or by how we feel about a risk?

10. **Anchoring** – Have we relied on a specific piece of information about a risk we face and resisted adjustments to our thinking or contrary data or interpretations?

11. **Voluntariness** – Is there any difference in the way we approach risk management with respect to risks we are required to take, versus those we take willingly?

12. **Availability** – How disciplined are we with respect to considering alternatives and developing contingency plans when risk arises in program and service delivery?

13. **Immediacy** – Are we spending enough time thinking about exposures and risk prevention or mitigation activity for risks that will hurt us in the long run? Do we put too much of an emphasis on risks whose costs we expect to experience in the short term?

14. **Complexity** – Are there any programs for which we haven’t thought about risk… because their simplicity suggests they are risk free? Are we focusing our energy on the more complex systems and programs and overlooking risk in the day to day?

15. **Affect Heuristic** – Have we allowed a good feeling about a program, process, partner organization, staff member/volunteer to impair how we view the risk associated with that activity, organization or individual?

16. **Myopia Bias** – Is our risk management program focused on today’s risks? How are we working to build greater resilience, knowing that we’ll never be able to accurately predict the risks we’ll face in 2022?
17. **Bias of Experience** – Do we learn from our experiences with risk-taking, loss and failure? If not, why not? What steps can we take to become more comfortable delving into actual experience as a strategy for building organizational resilience? What habits and assumptions create undue exposure to downside risk? Do we treat “near-misses” as successes or failures?

18. **Bias of Proximity** – How effective are we at getting the benefit of a big picture view? Do we step back or get so close to risk issues that we’re unable to see how they connect to other issues in the organization? Are we able to see the interconnectedness of risk issues in the organization, including how the activities in one functional area puts another component of the organization at risk?

   To help increase your understanding of how risk issues relate, consider using a chart, model or flow chart to create a visual diagram or reference point and force yourself to see the system as a whole (and the risk issue within it), rather than as an isolated issue. By illustrating the risk and factors that influence it you’ll have an easier time getting a sense of the “bigger picture.”

19. **Trap of Extrapolation** – Do we assume that the future will be a straight-line continuation of the past? Are we locked into a single vision of the future? What “alternate futures” can we imagine?

20. **Default or Consistency Heuristic** – Do we stick to decisions that we’ve made, even when there is evidence that we’ve made faulty assumptions or need to make subtle or radical changes in our approach?