Self-Managed Skill Retention No training program is

complete without providing trainees with the strategies to retain new skills on the iob.

By ROBERT D. MARX

training smorgasbord, replete with offerings from strategic supervision to corporate culture, tempts managers who strive for professional excellence. Yet, all too often, the great promise of these programs falls short of expectations. For many, the skills so carefully shaped during training do not survive the transition to the workplace. Like the invisible garments in The Emperor's New Clothes, actual behavior change on the job is largely an illusion.

Indeed, relapse rates can be as high as 90 percent. Vast amounts of time, money, and expertise are wasted when management training is not retained. Skill retention is a problem we cannot afford to ignore. Methods that will increase the likelihood of long-term skill retention must be more fully explored and evaluated. The with delegation. "I know I should delegate," said one, "but I'm uncomfortable giving people orders, even though I have the authority."

Critical management actions such as leadership, motivation, and decision making require competence in several support skills such as assertiveness, listening skills, time management, and stress management. For example, in order to resolve conflicts successfully, a manager needs the skills of active listening so that he or she can respond appropriately to employee emotions.

The role of support skills in behavior change is clear in weight-loss programs. In one such program, clients were trained to use a variety of behavioral, self-control techniques to reduce caloric intake. Several participants were able to use the long-term skill retention. By increasing awareness of where a new skill is most vulnerable to failure, managers can uncover powerful clues that will help them to diagnose support-skill deficits and help focus future training in the directions that are most rewarding for the individual.

Relapse prevention model

The model is useful as a diagnostic tool for identifying necessary support skills and as a training intervention that can increase long-term skill retention

It's composed of self-management strategies adapted from Marlatt and Gordon.1 Their research is based on observations of individuals who, following treatment, were unable to maintain abstinence from addictive behaviors such as smoking and

Although, for the most part, they abstained during the training programs, posttraining violations were common. These frequently occurred during negative emotional states such as boredom or anxiety, and situations of conflict or social pressure. They also observed that the way initial lapses or slips were handled affected the probability of continuing slips or relapses.

Applied to the management training setting, the RP model identifies potential causes of training failure by using information from past slips as feedback to make trainees sensitive to difficult future epi-

For example, a manager learns that she supervises closely, even when it is demotivating to talented employees. During the training session, modeling, positive reinforcement, support, and practice help her acquire delegative leadership skills. Back at work, however, where these fragile skills must be tested, the characteristics of the learning environment are largely unavailable. On the job, she tries to delegate, but as she experiences frustration with her lack of success, she quickly resumes close supervision.

For new skills to survive the treacherous transition from the workshop to the workplace, managers must be taught to anticipate the realities of the job, expect dysfunctional emotional responses to temporary failure, recognize the need for support-skill development, and cope with suboptimal support and reinforcement from the organization. The RP model adds self-control strategies, available to the individual even when desirable supervisory attention and reinforcement do not

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Relapse Prevention model presented here will provide the structure in which managers can analyze potential lapses in their own skill retention.

Support skills

Feedback from trainees indicates that the complex behaviors frequencly taught in management development seminars actually comprise numerous support skills.

A manager may understand leadership concepts but not have the time management skills to do them justice. Other management trainees may have problems techniques effectively, except when they were in a hurry. Others were too unassertive to refuse second helpings when offered, and still others performed poorly when they were under stress.

Some parallels are clear. Both losing weight and leadership are complex behaviors that require competence in several support skills for successful long-term retention. Support-skill deficits differ among individuals. When a deficit exists in even one key support skill, it is less likely that the new behavior will last much beyond the training period.

One solution is to help trainees understand the role of support skills in the retention process. They can begin by identifying those high-risk situations waiting back at work that pose the greatest threat to

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Training goals

The main goal of RP training is to make learning last so that it will transfer to work situations. Managers, often enthusiastic and highly motivated during training, encounter a completely different and unsupportive environment upon returning to work. A key assumption of the model is that learning will be retained more effectively if the unpredictability of the post-training environment is reduced. This is accomplished in several ways.

First, managers are alerted to the inevitability of slips and the true potential for relapse. As in any trial-and-error learning, mistakes will occur. Managers are taught to expect slips and to view them as valuable data for the prevention of future difficulties rather than as evidence of personal inadequacy. They learn to consider errors as evidence of inadequate or incomplete training rather than as a failure of willpower. The RP strategies engage managers in a series of cognitive fire drills designed to help them keep temporary lapses from igniting into full-blown relapses.

The role of self-management

Managers must realize that skill retention is largely self-managed. While the organization may reward the outcome (better supervisory skills), the lengthy process of learning a skill is often largely a covert and lonely experience. While a dieter may be rewarded with compliments for a better appearance, he must go unapplauded for resisting an urge to snack at midnight.

In fact, many critical breakthroughs in management training are similarly private events that rely on solid self-management techniques. Even top-down management support for skill maintenance does not obviate the need for effective self-management strategies. In the hectic work environment of most organizations, staff supervision cannot possibly be available for as many skills and employees as require it. Unfortunately, in many organizations, self-supervision is the only type available.

Thus, managers trained in relapse prevention must be doubly on guard. They must watch within to uncover skill deficits, dysfunctional emotional responses, and lifestyle patterns that interfere with skill usage. They must also check the work environment to uncover potential threats to skill retention. These include high-risk situations, people, places, and times, and organizational apathy toward efforts at behavior change. Thus, the manager trained

in relapse prevention re-enters the workplace as if it were a minefield capable of blowing good intentions to smithereens at one false step. Relapse prevention training is the mine detector.

Specific strategies

Managers are taught several strategies to help reduce the unpredictability of skill retention. These strategies are categorized into the four steps of behavioral self-management: (S) Stimulus situation, (O) thoughts and feelings of the individual (Organism), (B) Behavior, and (C) Consequences of the behavior.

These categories can be applied to management training as managers

- learn to manage stimuli by anticipating predictable trouble spots,
- expect to handle thoughts and feelings that interfere with rational skill building,
- learn to diagnose skill deficits, and learn and practice necessary support skills,
- learn to provide appropriate consequences for their behavior, which are not available in the work setting.

Choosing a skill to retain

The first step in implementing the RP strategies requires choosing an appropriate skill to retain, and describing it in measurable terms so that a slip or relapse can be detected easily. Abstinence from cigarette smoking, for example, is simple to mark; a slip could be one cigarette per week, a relapse more than one pack per week or two days of smoking in a row. Management development skills are more difficult to describe concretely.

There are three criteria that must be met in choosing a skill to retain.

- Behavior change must be desired. Because the RP model is a self-management program, its main effectiveness is to assist in voluntary behavior change. Managers may have different motives for behavior change including job survival and professional growth.
- The behavior to be retained *must be susceptible to relapse*. Skills vary greatly in this. Technical skills are far less vulnerable than complex social/interactive behaviors.
- The behavior to be retained *must be defined operationally* in countable terms so that the manager can tell when retention, slippage, or relapse is taking place.

It is common for managers to refine their choice several times before applying the RP strategies to it. One case might begin with the goal

■ "Become a better leader," and proceed through:

- "Learn to be more flexible in leadership actions."
- "Allow more group decision making when appropriate,"
- "Schedule at least one weekly group decision with my work team." Define a slip as any week when no group decision was scheduled. Define a relapse as any month where no group decision was made.

In following up this plan, the frequency outlined in the last step may be altered as appropriate, but the progression of specificity from being a better leader to making one group decision per week is clear.

After choosing the skill, managers are presented with the RP strategies described in Figure 1 and asked to apply them to their own training/work situation. This typically takes place toward the conclusion of a training program but not as its last activity. Trainees, we have found, tend to be saturated at this point and the skill of self-management represents an entirely new learning objective for most participants.

Imagery and prediction

The final activity of the RP presentation during training requires participants to predict the circumstances of their first lapse. This relapse imagery serves to summarize all of the RP strategies by requiring the trainee to describe in sensory detail the circumstances of the first slip. When the predicted scenario begins to unfold in the actual work setting, managers experience a sense of dėjà vu and some are able to cope with or avoid the initial slip less disruptively.

Thus, managers are exposed to a systematic plan for shaping a relapse prevention strategy that is unique to their constellations of strengths and skill deficits. It considers the realities of their work situation. Rather than the common and mostly ineffective general discussions, "Now folks, how are we going to transfer these skills back to the workplace?" or the shallow hype of "Let's all go out and be better managers for Amalgamated!" the RP model provides a methodology to analyze strategic needs, assess skills required to meet these needs, and propose remedies to strengthen the weakest links. Because each analysis is self-generated, optimal relevance is assured for each trainee.

Holistic training

Management development consultants face a multitude of problems in developing effective training programs. Managers enroll in programs that focus on an indivi-

Figure 1—Relapse prevention strategies

(S) Anticipate and monitor potential difficulties	Purpose	Example	Proposed Remedy
Understand relapse process.	Helps anticipate the RP process.	No time to concentrate on skill retention.	Return to work expecting difficulty in skill retention.
Observe differences be- tween training and work setting.	Decreases unpredictability of hectic work environment on retention.	Little feedback from my supervisors and co-workers.	Set time for participative decision making with my work group and supervisor.
Create an effective support network.	Helps identify co-workers who will support skill retention.	After training, it's business as usual.	Meet with and obseve othe trained workers.
Expect subordinates' skep- ticism of new behaviors.	Reduces perceived insincerity when implementing new skill.	Co-workers might appreciate, but won't trust, my sudden change.	Announce participative decision making, ask for input, and start only occasional use.
Identify high-risk situations.	Helps pinpoint situations where relapse is likely.	When work piles up. When I've been working too hard and feel tense.	Schedule first group decision meeting during a lull ir the week.
Avoid implementing new skills in overwhelming situations.	Allows choice of appropriate, safe setting.	Usually use new skills at the first opportunity even if conditions are unfavorable	Schedule meeting two weeks after training, when the backlog of work has diminished.
Recognize seemingly unim- portant behaviors that lead to errors.	Strengthens awareness of behaviors that leave managers overwhelmed.	Inadvertently scheduling participative decision last.	Make sure the group decision is item "one" on the agenda.
(O) Increase rational thinking			
Reduce dysfunctional emotions.	Diminishes irrational guilt or self-blame for early lapses.	Self-blame for not mastering group decision making quickly.	Expect to feel some self- blame but allow feeling to pass.
Retain self-confidence despite temporary errors.	Reframes temporary lapses as expected.	Angered by subordinates, drop the whole idea, thus lowering my confidence.	Perceive the lapse as a unique event caused by in- adequate skill development not personal inadequacy.
(B) Diagnose and practice related support skills		A District Control of the Control of	
Diagnose necessary suport skills.	Enables assessment of support skills.	Poor time-management skills sabotage effective participatory decision making.	Improve time management skills via a course.
Review disruptive lifestyle patterns.	Identifies persistent personal habits that can disrupt skill retention.	A perfectionist, worried about not doing things right, doesn't try.	Consider personal counseling. Perfectionism may seem less with exercise. Keep up health and fitness programs.
Mix required and desirable activities.	Helps manager balance enjoyable and tedious activities.	Unpleasant tasks occur early in the week. Slips are likely when fun tasks aren't available.	Meet with the enjoyable groups early in the week.
(C) Provide appropriate consequences for behavior			
Assess organization support for skill retention.	Anticipates where self- managed rewards must supplement missing organizational support.	Boss won't notice or focus on skill improvement.	Instruct boss about the skill, invite her to a meeting, and ask for feedback on progress at performance review.
Create meaningful rewards and punishments when hey otherwise don't exist.	Teaches how to identify, create, and implement appropriate consequences.	Self-punishment for skill lapses.	Reward yourself for even model attempts. Set specific rewards, long- and short-term.

dual or corporate need. Thus, training must be marketed to address these needs. Yet, it mustn't leave participants untrained in the support skills vital to their ultimate ability to implement the training. The trainer/consultant cannot be expected to be responsible for all of a learner's skill deficits or be asked to include every known support skill in a management development program.

Trainers, however, can be asked to view the learning process more realistically so that managers do not leave with false expectations that soon result in decreased self-confidence or unwarranted negative feelings about the training process itself. The Relapse Prevention model provides a methodology for identifying potential skill-threatening situations and linking them to appropriate support skills that must be mastered. Trainers may serve as referral sources for facilitating support-skill training. For many managers, identifying and removing a single skill deficit can

powerfully reduce the likelihood of relapse.

Larger, in-house training operations can use the RP model as part of a needs assessment procedure. By identifying those support-skill deficits most common among employees, training objectives can be chosen that optimally meet training needs. Thus the model can serve as a diagnostic tool for both the individual needs of management trainees and for cost-effective planning of training resources. Current research with management populations is attempting to pinpoint the most common determinants of relapse and to evaluate the long-term effectiveness of RP training in the maintenance of managerial behavior.

Effective management training paradigms must emphasize transfer of training to the work setting. It must also recognize the need for skill training in vital support areas. The RP model may provide a practical and researchable means to achieve these ends.

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