

Self Management Training

Training in self-management initially was developed and used by clinical psychologists. The underlying premise was that individuals who need to change are more likely to succeed if they are in control of the change process. Rather than have a psychologist use behavioral principles to bring about change, the individual should be taught those principles and helped to apply them on his or her own. When people take charge of their own change program, they are more likely to feel efficacious, and change should be more lasting than if they feel that someone else is in charge. Self-management programs thus can impact a number of emotional competencies, including: accurate self-assessment, self-confidence, self-control, conscientiousness and reliability, and achievement drive.

One of the first workplace applications of self-management training occurred in a unionized state government agency (Frayne & Latham, 1987; Latham & Frayne, 1989). The participants were employees who had a record of frequent absences. They were employed in a maintenance department as carpenters, painters, and electricians. The union supported the training in return for certain conditions, such as: the training would be voluntary, no monetary incentives would be offered for increasing attendance, and the course would be offered during regular work time. The training program consisted of eight one-hour weekly group sessions followed by eight 30-minute individual sessions. There were ten people in each group. Two different trainers eventually delivered the program. One was the psychologist who developed it. She then trained an individual in the personnel department to deliver the program, and that individual trained a second cohort of employees.

The first week's group session was an orientation in which the principles of self-management were explained. The trainees also were assured that any comments they made during the training would not be shared with anyone outside of the group. At the next session, the trainees identified reasons for taking sick-leave, and these were classified into nine categories, which included legitimate illness, medical appointments, and job stress. The causes most frequently mentioned were family problems, incompatibility with supervisor or coworkers, and transportation problems. Then the trainees learned how to develop a description of the problem behaviors, identify the conditions that elicited and maintained the behaviors, and identify specific coping strategies.

The third session focused on goal setting. The long-term goal was to increase attendance within a specific amount of time, such as one or two months. The short-term goals were the specific behaviors necessary to attain the long-term goal. Then, during the fourth session, the trainees learned how to monitor their own behavior through the use of charts and diaries. The trainer taught them to record their attendance every day and, if they missed a day, to write down the reason for missing and the steps that they followed subsequently to get back to work.

In the fifth session the trainees learned how to administer self-selected rewards and punishments. They identified specific rewards and punishments that were easy to self-administer, such as self-praise or cleaning the garage. Then they developed rules for assigning the rewards and punishments to specific behaviors. In the sixth session the trainees wrote a behavioral contract with themselves in which they specified in writing

their goals, the time frame for achieving them, the consequences for attaining or failing to attain the goals, and the behaviors necessary for goal-attainment.

The final segment of the program covered maintenance. The trainer helped the participants to think about what issues might result in a relapse in absenteeism. Then they planned strategies for dealing with these situations should they occur.

During the weekly individual sessions, the trainer helped the employees tailor the training to their specific concerns. They also discussed concerns that the employee might be reluctant to bring up in the group.

This particular self-management program was evaluated with a pre/post control group design. Forty individuals initially volunteered for the program and met the eligibility criteria. Half were randomly assigned to receive the training and the other half served as a control group. Outcome measures included trainee reactions, performance on a test measuring coping skill, and attendance rates. In addition to a post-training assessment conducted three months following the training, there were follow-up assessments six and nine months post-training.

Results were positive for all three types of outcomes. First, although the trainees initially were hostile to the training (one accused the trainer of being a spy for management), no one dropped out, and at the end of the program they rated the training experience very favorably. Second, following the training, the participants scored significantly better than the controls on a test of their ability to come up with solutions to problems affecting attendance. (There was no difference between the two groups on the learning test prior to the training.)

Most importantly, the trained employees had significantly better attendance rates following the training. Prior to the training, the employees in the training group clocked an average of 33.1 hours per week (out of a possible 40 hours), and the controls had a similar attendance record. Three months after the training, the trainees had improved to 35 hours per week, while attendance for the controls had dropped slightly. This was a statistically significant change. And it held up over time: at six months, the trainees attendance had improved to 38.6 hours per week, and at nine months it was 38.2 hours. (Average weekly attendance also was checked at 12 months for the trained employees, and it remained high at 38.4 hours.) Meanwhile, the attendance of the control group remained at the same level during the same nine months.

For more information about this program, see:

Frayne, C. A., & Latham, G. P. (1987). Application of social learning theory to employee self-management of attendance. Journal of Applied Psychology, *72*(3), 387-392.

Kanfer, F. H. (1986). Implications of a self-regulation model of therapy for treatment of addictive behaviors. In W. R. Miller & N. Heather (Eds.), Treating addictive behaviors: Vol. II. Processes of change (pp. 272-314). New York: Plenum Press.

Latham, G. P., & Frayne, C. A. (1989). Self-management training for increasing job attendance: A follow-up and a replication. Journal of Applied Psychology, *74*(3), 411-416.

Thomason, J. A., & Pond, S. B. I. (1995). Effects of instruction on stress management skills and self-management skills among blue-collar employees. In L. R.

Murphy, J. J. Hurrell, S. L. Sauter, & G. P. Keita (Eds.), Job stress interventions (pp. 7-20). Washington, DC: American Psychological Association.