

Relapse Prevention for Managerial Training: A Model for Maintenance of Behavior Change¹

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Although organizations invest heavily in training programs to enhance managerial effectiveness, little attention is paid to the transfer of such training from the workshop to the workplace. This paper describes a cognitive-behavioral model that offers a systematic approach to the maintenance of behavior. Relapse prevention strategies are discussed, and implications for management training and research are considered.

Corporations spend a great deal of time and money on management development training. Programs ranging from leadership training to communication skills are conducted in the hope of enhancing the effectiveness of managerial behavior. There is little evidence, however, of the staying power or maintenance of these costly and time consuming interventions. In a period of increasing accountability and diminishing resources, training personnel will need to be able to justify the efficacy of training and make improvements when necessary.

One of the most promising approaches to the long term maintenance of newly trained behaviors is based on the relapse prevention (RP) model of Marlatt and Gordon (1980). This model consists of a set of self-control strategies designed to facilitate the maintenance of behavior change by teaching individuals to understand and cope with the problem of relapse. This model views maintenance of behavior from the novel perspective of identifying determinants of treatment failure. That is, long term behavior change is predicted to be enhanced by anticipating and monitoring past and present failures. Data from these episodes then are utilized to equip managers with appropriate coping skills for dealing with future difficult situations.

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The Relapse Prevention Model

Marlatt and Gordon (1980) observed the behavior of individuals who were unable to maintain abstinence from addictive behaviors following participation in a treatment program. Responses to questionnaires by smokers, alcoholics, and drug addicts revealed similar psychological and environmental antecedents to relapse episodes. Typical triggers of relapse were intrapersonal emotional states such as anxiety, depression, and joy and interpersonal circumstances such as social pressure, arguments, and celebrations.

Further analysis revealed that the circumstances of the initial lapse or slip had major implications for the likelihood of further slips leading to a permanent resumption of the addictive behavior, or a relapse. Anyone who has tried to quit smoking or lose weight is likely to be familiar with the potentially damaging effects of a single lapse during a period of controlled behavior.

Although originally developed with addictive behaviors, the RP model has powerful implications for the maintenance of managerial training. Managers are spared the physiological component of behavior change present in addiction problems, but they must negotiate an analogous array of disruptive psychological and environmental influences in order successfully to maintain long term behavior change.

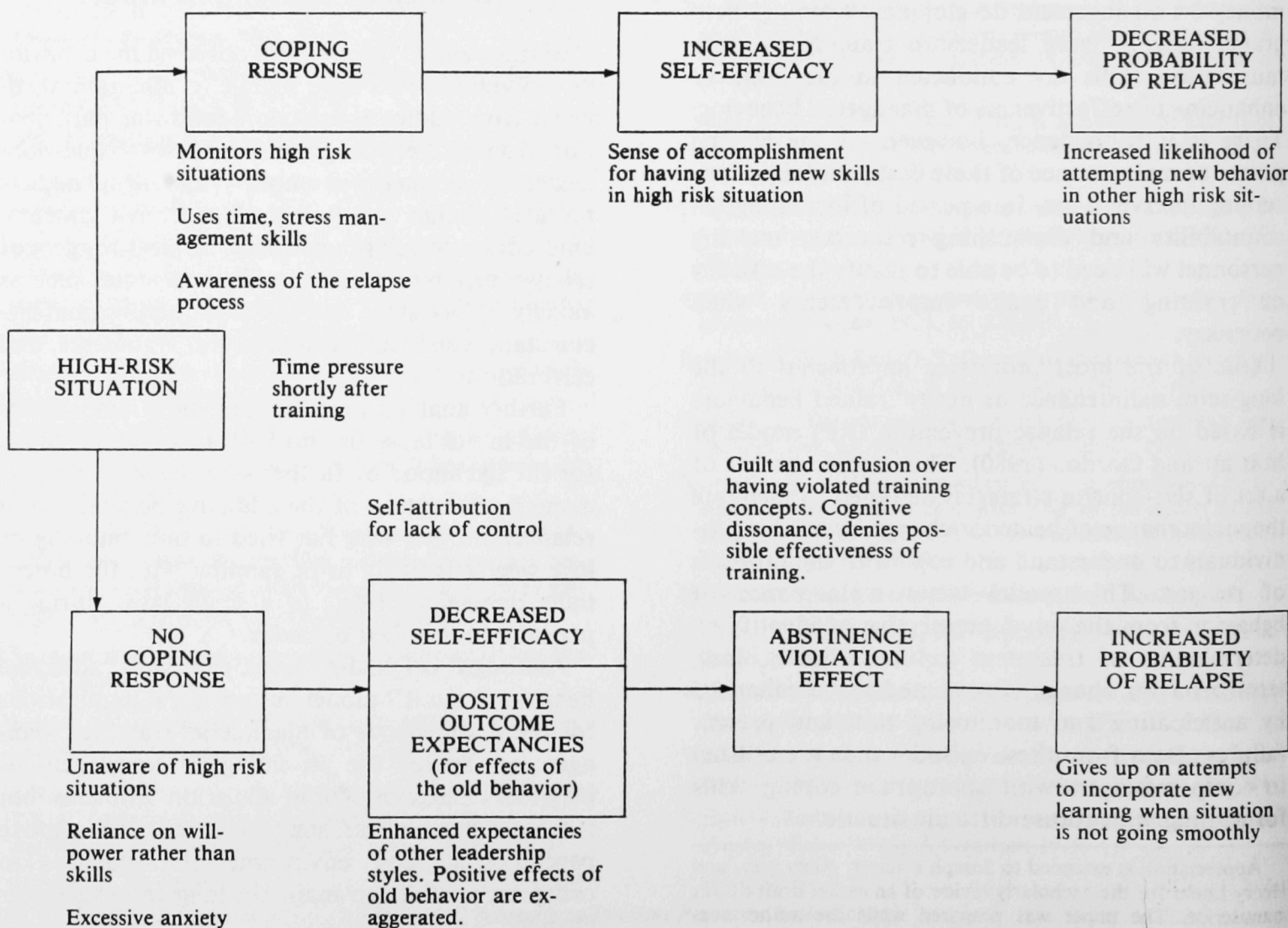
The RP paradigm displayed in Figure I describes

the cognitive and behavioral self control strategies designed to reduce the likelihood of relapse. The first step prescribed by the model is to make managers aware of the relapse process itself. Training programs typically are designed to stress the likelihood of positive results for participants. Thus, awareness of how the training process is vulnerable to breakdown often is neglected. Managers then are asked to pinpoint situations that are likely to sabotage their attempts to maintain new learning. Ability to diagnose such high risk situations provides managers with an early warning system indicating when their ability to maintain new learning will be severely tested. Anticipation of high risk circumstances must be accompanied by adequate coping skills if relapse is to be avoided. If, for example, time pressure for completion of a project is a high

risk situation, a variety of coping responses, such as time management skills and delegative leadership style to spread the workload, may be required. Whereas the presence of these skills likely will result in a feeling of mastery and decreased probability of relapse, their absence may culminate in unproductive cognitive responses, such as guilt, decreased self-efficacy, and anxiety. Cognitive strategies designed to counter such reactions to imperfect performance are included in the implementation of the RP model.

Managers are taught that temporary difficulties or slips are the predictable outcomes of any trial and error learning paradigm. Errors in implementing concepts from a training seminar are perceived as inadequate coping skills rather than lack of willpower. The goal of this model is to provide man-

Figure 1
Cognitive-Behavioral Model of the Relapse Process^a



^aAdapted from Marlatt (1980) in order to describe the relapse process for managerial training.

agers with the necessary cognitive and behavioral skills to keep slips from becoming full blown relapses by using information from past failures for future prevention.

Recent articles by Leifer and Newstrom (1980) and Michalak (1981) have found transfer of training to be enhanced by a number of factors, including continued interest and involvement by superiors and attention to the maintenance problem before, during, and after training and through direct reinforcement for maintenance of behavior. The RP model adds to these factors the self-control strategies of relapse prevention. Even in the most effective programs, supervisory involvement, for example, may not be immediately available, or it may not be perceived to be present by trainees. Such circumstances may leave managers vulnerable to the relapse process.

Research demonstrating the validity of the RP model thus far has focused on the addictive disorders. Empirical evidence comparing RP trained individuals with non-RP trained controls showed significantly greater maintenance in RP trained alcoholics after a one year followup (Chaney, O'Leary, & Marlatt, 1978) and RP trained dieters after a three month followup (Rosenthal & Marx, 1979).

The RP model has implications for empirical research in the field of management training. In a recent review of research pertaining to training in work organizations, Goldstein reported a lack of "high quality empirical investigations that examine the usefulness of training techniques" (1980, p. 263). He singled out an investigation of the effects of modeling on supervisory training (Latham & Saari, 1979) as among the few that provide adequate controls and significant performance differences at a one year followup. The validation of the RP model for managerial training addresses several of Goldstein's concerns. Assessment of the qualitative and quantitative dimensions of relapse requires collection of followup data and clear operationalization of training outcomes.

Refining definitions of slips and relapses so that they might be more consistent with managerial behavior is an important prerequisite to careful empirical testing. If the abstinence criterion of addictions is discrete (i.e., no cigarettes), the slip or relapse can be measured clearly. Lapses in the use of newly trained managerial behavior are likely to

be defined less easily. The response can be partially emitted, inappropriately performed, or deliberately not used. Such conceptual issues remain to be clarified. For the purposes of this paper, a first attempt to define a slip with relation to managerial behavior will be the temporary lapse in the use of a newly learned managerial behavior when its use would be considered appropriate. A total relapse is defined as the permanent extinction of the changed behavior. These definitions will be operationalized further in the following illustration.

Dimensions of Relapse

Many managerial skills and techniques are acquired through on-the-job training seminars. Programs in strategic planning, management by objectives, communication skills, time management, and leadership skills are typical of such interventions. Each of these training programs contains behavior change strategies that are designed to make managers more skillful, flexible, and effective. Even when such programs are internally valid, the problem of maintenance or transfer of learning from the training setting to the work setting remains.

Several theories of leadership, although focusing on different variables, agree that effective leadership depends on matching specific leader behaviors with specific human and/or environmental variables, that is, that different situations require different leadership actions. Four of the most widely cited contingency theories of leadership are the life cycle theory (Hersey & Blanchard, 1977), the leadership and decision making model (Vroom & Yetton, 1973), the path-goal model (House, 1971), and the leadership contingency model (Fiedler, 1967). In a contingency leadership training program, managers are exposed to a variety of leadership behaviors encompassing the entire autocratic-democratic continuum. The goals of such training include the opportunity to diagnose one's own predominant leadership style, practice other modes of leadership behavior, and implement these styles contingently with subordinates.

An example of how the RP model is applied to managerial training could begin with a manager whose feedback during the program indicates predominantly autocratic or task oriented leadership style. On returning to work, the manager decides to

experiment with delegating responsibility and participative decision making. There are a few mild successes. Responsible workers are given greater autonomy, a welcome change from the boss telling them how to do something they already understand. The manager even has a few moments free to begin work on a long range plan. That afternoon, other staff are asked for their input on a production decision. They try to hide their amazement and return to their desks with a budding sense of confidence and renewed energy, yet not fully understanding what has happened to their leader.

Unfortunately, another scenario is unfolding at the higher levels of the organization that will soon have profound effects on the manager's attempts to expand the available leadership options. Rapidly changing conditions are calling for the sudden conclusion of an ongoing project. The manager has been made responsible for its prompt completion. In the anxiety of the moment, all attempts to maintain the recently learned flexible leadership styles are short-circuited. Under pressure, the manager abandons the contingency based leadership in which the autocratic style is sometimes but not always the optimal method. Instead, the more familiar autocratic mode is rigidly adopted regardless of its appropriateness to the situation.

The manager experiences conflicting thoughts regarding this slip. Even though the autocratic leadership style had achieved the desired outcome, giving up on a promising new approach to managing employees left the manager with a defeated feeling. In light of the day's occurrences, the new leadership skills appeared useful when things were running smoothly but, when push came to shove, one really

needed to "take over." The temporary effectiveness of returning to the autocratic style thus attributed to it greater effectiveness than had been perceived previously. The combination of time pressure, the lack of experience with the new skills, and a resulting failure to communicate to employees how contingent leadership would be implemented had resulted in a lapse in their appropriate application. The lapse at this point is temporary and is defined as a slip.

The manager now stands at a critical choice point. The choices are described in Table 1. In order for this slip to remain a unique and temporary event, the manager must be able to recognize and cope with such potentially dangerous situations in the future. Skills must be developed to cope with these events. Mastery of difficult management problems is likely to enhance self-efficacy and decrease the probability of a permanent lapse in utilizing new training. Without RP training, a temporary lapse is more likely to be defined as a total failure. Such a failure will be attributed to personal inadequacy rather than lack of skills, and the attractiveness of the old, less effective style will be exaggerated. The manager may experience other cognitive-affective reactions such as guilt and conflict over having discarded a promising strategy so quickly, and thus the likelihood of abandoning the leadership training entirely may further increase.

An RP trained manager understands the importance of the response to an initial slip. A relapse-trained manager expects crises and temporary failures in implementing new skills. These situations are considered predictable and nearly inevitable and thus are built into the training program. The critical

Table 1
Comparative Responses of Managers Trained and Untrained in Relapse Prevention

<i>Manager Who Is Trained in Relapse Prevention</i>	<i>Manager Who Is Untrained in Relapse Prevention</i>
1. Monitors high risk situations—trained to expect a variety of high risk situations that are likely to interfere temporarily with new learning. Has probably identified time pressure as a likely possibility.	1. Fails to monitor high risk situations—high risk situation arises "unexpectedly." No preparation for dealing with it.
2. Coping response—manager trained in a variety of coping behaviors with high risk situations or knows where to obtain help. Time management, contingency planning.	2. Lack of specific coping skills. Reliance on willpower or avoidance strategies. Perceives temporary lapse as failure.
3. Increased self-efficacy—manager trained to experience a sense of accomplishment at attempting to use new coping skills under pressure.	3. Decreased self-efficacy—manager feels a lack of control and attributes failure to own inabilities.
4. Decreased probability of relapse—manager continues to perceive difficulties in managerial behavior as skill deficits and seeks training whenever environmental circumstances threaten to sabotage positive outcomes.	4. Increased probability of relapse. Abstinence violation effect—manager experiences dissonance for having failed to implement new training. Attributes greater effectiveness to old behaviors. Decreased probability of experimenting with new skills.

difference for the manager untrained in RP is vulnerability to the problematic effects of unplanned events. Without the benefit of relapse “fire-drills,” this manager is less able to deal with potential failures.

The scenario described here is not uncommon to managerial training programs. The acquisition of a new and complex behavior is easily attenuated or extinguished by the absence of necessary behavioral and cognitive coping skills. What, then, are the specific RP strategies and how are they implemented in the context of managerial training?

Specific Relapse Intervention Strategies

A number of relapse prevention (RP) strategies have been utilized to assist in the maintenance of behavior following training. Marlatt and Gordon (1980) have developed or refined these interventions for use with addictive behaviors such as smoking, drinking, and drug abuse. These techniques include a mixture of behavioral coping skills such as anxiety reduction, stress management, and assertion training and a set of cognitive strategies for assisting the learner in reinterpreting the meaning of negative outcomes and heightening awareness of irrational or nonadaptive thought processes. Marlatt (1980) suggests that an ideal maintenance program should include this combination of coping strategies in order to teach an individual new and more adaptive ways of dealing with failure experiences and to increase one’s expectancy of being able to achieve mastery over future problems. RP strategies were integrated into a training program in a recent investigation by Rosenthal and Marx (1979). Specific weight loss strategies were presented during the first hour of weekly training sessions. The RP group spent the second hour learning RP techniques aimed entirely at maintenance of weight loss following treatment. This concurrent focus on basic skills and RP skills was designed to equate the importance of RP with acquiring the skills themselves. The techniques of RP and the methodology of implementing them into the contingency leadership example are presented below.

Awareness of the Relapse Process

Many training programs seem to adhere closely to the Pygmalion phenomenon which emphasizes the importance of expectations on outcomes

(Rosenthal & Jacobson, 1968). Most trainers expect their programs to be successful and underemphasize the possibility of failure and how to handle slips or relapses when they occur.

Participants in the training procedures proposed here are encouraged to describe previous slips or relapses in detail. Reporting these events is reframed as *valued data for prevention of later difficulty* rather than an admission of failure. By design, regular discussions of these situations in precise situational terms heightens awareness of the environmental and emotional circumstances surrounding slips for those who are prone to avoid or “repress” this awareness. It also serves to desensitize those who are supervigilant of their errors so that they may reduce debilitating anxiety and rely more on coping skills to deal with the problem situation.

In the context of a contingency leadership program, the trainer provides information on the topic of relapse and gives specific examples on how the RP model would apply to this form of training. Trainees are asked to describe previous relapses and to monitor any current experiences of this type. Finally, a questionnaire designed to assess the determinants of slips or relapses can be administered and discussed when appropriate.

Identification of High Risk Situations

The purpose of identifying potentially troublesome situations in training is to sensitize the manager to work environments that are most likely to result in a temporary or permanent lapse in experimenting with new learning. Groups of managers are likely to have many high risk situations in common, such as time pressure, angry subordinates, and lack of support from superiors. It is critical that each manager have a detailed description of his own high risk situations. These then can be further analyzed according to problem type (social, emotional, work environment, interpersonal, intrapersonal, etc.). With such increased preparedness, the manager is less likely to be surprised and/or overwhelmed by these stressful occurrences.

In the case of the example of the time-pressed manager, the mention of deadlines (time pressure) would serve as a “red alert” to the increased probability of a slip and set in motion the rest of the RP system.

Developing Coping Responses

It is one thing to anticipate a slip or relapse during training and quite another to cope with it on the job. This model assumes that slips or relapses occur because of the absence or unavailability of skills. If a skill deficit is diagnosed, additional training in, for example, time management, assertiveness training, or strategic planning is prescribed. If the skill is present but unavailable to the manager because of high stress or anxiety, appropriate relaxation training or life style intervention would be considered.

The major objective with regard to coping skills is for managers to perceive most high risk situations as environmental hurdles that can be cleared by the appropriate training regimen. The failure to clear initial hurdles must not be interpreted as indications of a "bad hurdler," but rather the need for more coaching.

Thus, the manager who reverts to autocratic control under time pressure may reduce his anxieties by learning more effective time management procedures that take into account sudden deadlines.

Self-Efficacy

An important concept in the delicate interplay between one's ability to handle a situation and one's feeling about oneself is the concept of self-efficacy (Bandura, 1977). Coping successfully with difficult situations appears to increase one's sense of mastery. However, mastery of most complex skills is a trial and error process requiring monitoring and coping skills. Improvement usually is gradual. For many trainees, the inability to attain rapid mastery results immediately in a decreased expectation in the ability to master the skill in the future and a corresponding decreased sense of self-efficacy.

RP training points out successful applications of the leadership model before the stressful situation—for example, the time pressure—occurred and examines the situational determinants of these outcomes. Then comparisons can be made to later lapses in the use of leadership skills. This analysis focuses heavily on skills, mastery level, and self-efficacy. The manager's tendency to lower self-efficacy because of self-blame for the failure of the training to work is discussed. Other likely responses to perceived inadequacy or helplessness, such as blaming subordinates and anger at consultants, can be assessed from a self-efficacy perspective. Role playing and self-reinforcement for even minor im-

provements are used to train a cognitive set that emphasizes skills and training rather than slogans and willpower.

Expectancies of the Effects of the Activity

Closely related to expectancies of mastery are positive expectancies surrounding the activity to be changed. Just as an abstinent smoker has positive expectancies and fantasies of the relaxing effects of a cigarette, the manager may overemphasize the positive aspects of always using autocratic leadership (e.g., people obey) and underemphasize the low morale, lack of loyalty, and high turnover. The positive short term consequences of immediate obedience are likely to be far more reinforcing to the manager than the less desirable long term consequences of low morale. Managers can gain a greater perspective on this problem by listing the long and short term advantages and disadvantages of newly learned contingency leadership styles and of the old predominant autocratic style.

Abstinence Violation Effect (AVE)

Marlatt and Gordon (1980) found that individuals who were trying to abstain from smoking, drinking, overeating, drugs, and so on typically made a commitment to maintain *full* control of the problem behavior. They postulated further that individuals perceived their problem behavior along a dichotomous rather than continuous dimension (i.e., one is either a drinker or a teetotaler). Thus when an abstaining alcoholic takes a single drink, the abstinence commitment is violated and an emotional reaction that can lead to additional drinking is likely to be experienced. This reaction is made up of two subresponses: (1) guilt and conflict (over violating the rule), and (2) personal attribution (blaming self for the slip). Thus, after the initial slip, additional drinking occurs to deal with the guilt and self-blame.

Although management training differs dramatically from the treatment of alcoholism, the emotional reaction to giving up on a promising or expensive training program may be quite similar. Managers can be taught to expect such emotional reactions, and they also can be trained to reexamine such ineffective cognitive interpretations and taught competing ones. Once again, the need for appropriate skills and the opportunity to value the information from slips are paramount.

Apparently Irrelevant Decisions (AIDS)

Marlatt (1980) cites an example of a compulsive gambler who, on a vacation trip between San Francisco and Seattle, "ended up in downtown Reno." Along the way, minor choices were made about the route to be traveled, presumably in the name of scenery and convenience. When the gambler "found" himself in downtown Reno, he was unable to cope with the stimuli present that encouraged gambling and went on a binge. Careful analysis in therapy revealed a series of AIDS that culminated in his total loss of control.

Seemingly inconsequential actions of managers can have the effect of sabotaging potentially successful training. Managers who are trying to broaden their leadership style may inadvertently become more vigilant of employee errors, thus requiring more supervision and a corresponding reluctance to delegate under pressure. Time pressure contingency planning might be "forgotten" so that any sudden deadline "requires" autocratic control.

RP training requires managers to monitor minor decisions leading up to a slip or relapse and examine their cost effectiveness. Efforts are made to help the manager become aware of the impact of these seemingly unimportant actions before he suddenly finds himself in the manager's equivalent of "downtown Reno."

Balanced Daily Life Style

Should/Want Ratio. The potential for a slip or relapse appears to be greater for persons who are overburdened with shoulds (activities they must perform) and deprived of wants (things they like to do).

Leaders who spend a great proportion of their time catering to tasks that primarily enhance superiors or subordinates without attending to self-enhancing activity of a professional or psycho-emotional nature may set themselves up for a martyr role. They are likely to feel deprived and deserving of special attention. This pattern of activity leaves managers ripe for impulsive reactions, such as hostile or authoritarian leadership, when they are not necessary. Unexpected crises always seem to occur when managers are in the greatest need of wants. A balance between wants and shoulds is sought, with some of each occurring throughout the day.

Managers are asked to keep daily activity records, specifying every activity they engage in during the day. Each activity is rated on a scale from one to seven, with one being a complete should and seven being a complete want. Many activities are a combination of wants and shoulds and would receive an intermediate number. RP theory predicts that slips are more likely to occur when a manager has a steady string of shoulds uninterrupted by more self-reinforcing wants. In evaluating their lists, managers examine which want activities can be moved to a different part of the day or which shoulds can be delegated, discontinued, or changed. Managers with few wants on their list might also consider changes in their jobs.

Life Style Interventions. Managerial and administrative work has been identified as among the most stressful of occupations. Responsibility has been found to be one of the major causes of stress. Recent emphases in management training have focused on the physical and emotional components of managerial activity in addition to cognitive and intellectual skills. This holistic view assumes that physical health and stable emotions contribute to optimal performance in intellectual and interpersonal behaviors. Life style interventions such as regular exercise, diet and weight loss, and relaxation training are examples of methods for increasing physical resistance to sustained pressure at work. Training in assertiveness, communication skills, and conflict resolution are utilized for improving interpersonal and emotional aspects of work. Counseling services for burnout, substance abuse, career development, retirement, and so on are additional life style interventions that may give the manager a greater buffer zone for coping with occupational stress.

Managers are asked to inventory these areas and ascertain the extent to which these situations are setting events for a slip or relapse. Once the critical deficits are identified, proper remedial steps can be taken. In some instances, modifying only one behavior can powerfully reduce the likelihood of succumbing to work related stress. The manager who is attempting to maintain a more delegative leadership style may experience extreme anxiety levels under time pressure. For such an individual, relaxation training, time management training, and a dose of general stress management techniques may be the appropriate life style interventions to

provide him with a more potent set of coping skills.

Programmed Relapse

A final intervention prescribed for relapse prevention necessitates, ironically, practicing the relapse experience. The technique is somewhat paradoxical, consisting of a *required* return to the less effective behavior. In the scenario described earlier, the manager would resume autocratic leadership in all situations. By programming this event rather than allowing it to occur haphazardly under stressful conditions, the trainer can monitor the participant's response to the relapse. Cognitive and attitudinal reactions that might later precipitate slips can be identified, and effective coping responses can be reinforced. Most important, one's recovery from a slip can be monitored, and effective strategies for future occurrences can be established. The requirement of practicing "failure" often elicits polarity responses from trainees. Many dieters who are required to binge frequently report difficulty bingeing as heavily as they used to and are able to end the binge more easily after 24 hours. It is likely that managers "required" to be autocratic would slip into contingent leadership occasionally.

Because most new training is sabotaged temporarily by overwhelming environmental circumstances, the programmed relapse allows the trainee to accept such occurrences with less likelihood of succumbing to the guilt and conflict of the abstinence violation effect. It also ensures careful attention to all aspects of relapse, particularly to resumption of the trained behavior at the end of the required relapse period. Programmed relapse can first be role-played during the course of training and

then carried out by managers in the work environment.

The list of techniques described here is derived from a systematic model of relapse prevention. Specific strategies are designed to enhance each step in the process. Although all steps are interrelated, some strategies such as high risk identification should occur early in training, but programmed relapse is likely to be more useful after most of the other steps have been introduced. These techniques are not meant to be exhaustive, but the list includes most of the intervention strategies utilized by Marlatt and his colleagues in the clinical treatment of addictive disorders. The effects of these strategies on managerial behavior are summarized in Table 2.

Implications for Research

The opportunities for research in the area of RP in management and industry are enormous. Most corporations have their share of deserted training packages and forgotten organizational interventions. Many were initiated in a flurry of optimism and excitement. They lasted through a brief implementation period and then faded in a quiet return to the status quo. For many organizational interventions, there exists a casualty list of slips and relapses that can be investigated. Relapsers can be compared with nonrelapsers and such differential data recycled into refined treatment programs.

An important first step in this process would be the determination of the relevance of the Marlatt-Gordon relapse model for nonaddictive behaviors. It is an empirical question whether a model designed

Table 2
Functions of Relapse Prevention Strategies for Management Training

<i>Strategy</i>	<i>Purpose</i>
1. Awareness of the relapse process	1. Helps manager to understand how self-control strategies can enhance maintenance
2. Identification of high risk situations	2. Heightens manager's sensitivity to specific situations that have previously resulted in difficulty
3. Developing coping responses	3. Enables manager to learn appropriate skills to overcome environmental hurdles
4. Enhancing self-efficacy	4. Assists manager in maintaining personal worth, despite imperfect performance
5. Expectancies of the effects of the activity	5. Counters manager's short term positive expectations of the ineffective behavior
6. Abstinence violation effect (AVE)	6. Helps manager to reduce guilt and avoid self-blame for having failed to implement a newly trained behavior
7. Apparently irrelevant decisions (AIDS)	7. Strengthens awareness of seemingly minor decisions that culminate in a slip or relapse
8. Should/want ratio	8. Helps manager to maintain a balance of personal satisfaction in daily activities
9. Life style interventions	9. Proposes physical and emotional coping skills to buffer manager from stress-induced relapse
10. Programmed relapse	10. Provides manager with monitored failure experiences that can be analyzed to avoid future relapse

to explain components of long term maintenance of addictive or appetitive behaviors also would be relevant for the maintenance of activities such as skills training. Questionnaires similar to those utilized for addictive behaviors can be designed to measure determinants of relapse for management behavior, and the results can be compared with those already obtained for addictive behavior.

Definitions of slips and relapses in skills training need to be specified and refined. Whereas smoking, drinking, and drug taking are discrete and measurable activities, operational definitions of slips and relapses are less precise when applied to managerial behavior.

The role of supervisory reinforcement for RP is another topic of considerable interest. It is likely that training programs fail to take hold because of lack of administrative support and interest. In such

cases, trainees are likely to rely primarily on the self-reinforcement that is experienced when the training makes the work easier or more successful. However, during the acquisition phase of training, when more errors are likely to occur, the behavior may not have been shaped to the point at which self-reinforcement is occurring with sufficient frequency to sustain maintenance. In this early stage, teaching supervisors to reinforce RP behaviors on the part of trainees may enhance the maintenance of the new skill.

The cognitive-behavioral RP model may provide a promising methodology for enhancing the maintenance of management training and other organizational interventions. By focusing attention on the potential for temporary failure, the likelihood of long term success may be increased.

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