HOW TO TURN A REQUEST FOR TRAINING INTO
AN INTERVENTION WITH SYSTEM-WIDE IMPACT

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> This describes what to do when a client calls and asks for a training program: how to think, *see* and intervene as a 'whole system, performance-oriented change artist' in order to make the largest possible difference to the largest number of people. What follows is my approach to converting a request for training into an *action research intervention* with greater impact on *individuals, teams* and the organization's *reason for being*.

The Phone Call

It often starts with a phone call. On the other end of the line is a special client, perhaps, as is often the case, an internal Human Resources manager. 'John, you guys did such a great job on that last program last year, we'd like you to come back and do a team-building training for another of our groups. What do you say?'

This is a significant moment of truth. I have two choices. One takes things down a path that goes something like this, 'Of course! We'd be happy to do a training for your people.' This is followed by a series of questions to scope out the program:

- Let's talk about what you want us to do. . .
- What is the theme you want us to cover?
- How many people?
- How much time do you want us to take?
- What are your dates?
- How much do you have in your budget for this program?

Over the years, I have come to call this 'The Training Two-Step' --

- Step One: The person calling tells you what they want done.
- Step Two: You do the best possible job you can, and then leave.

Two Problems: The Client's and Yours

There are two sets of challenges that are present in such a phone call: some belonging to the client, and some problems that now surface for *you*, the potential 'help' in addressing the client's needs. First, something is going on in the client's world that has
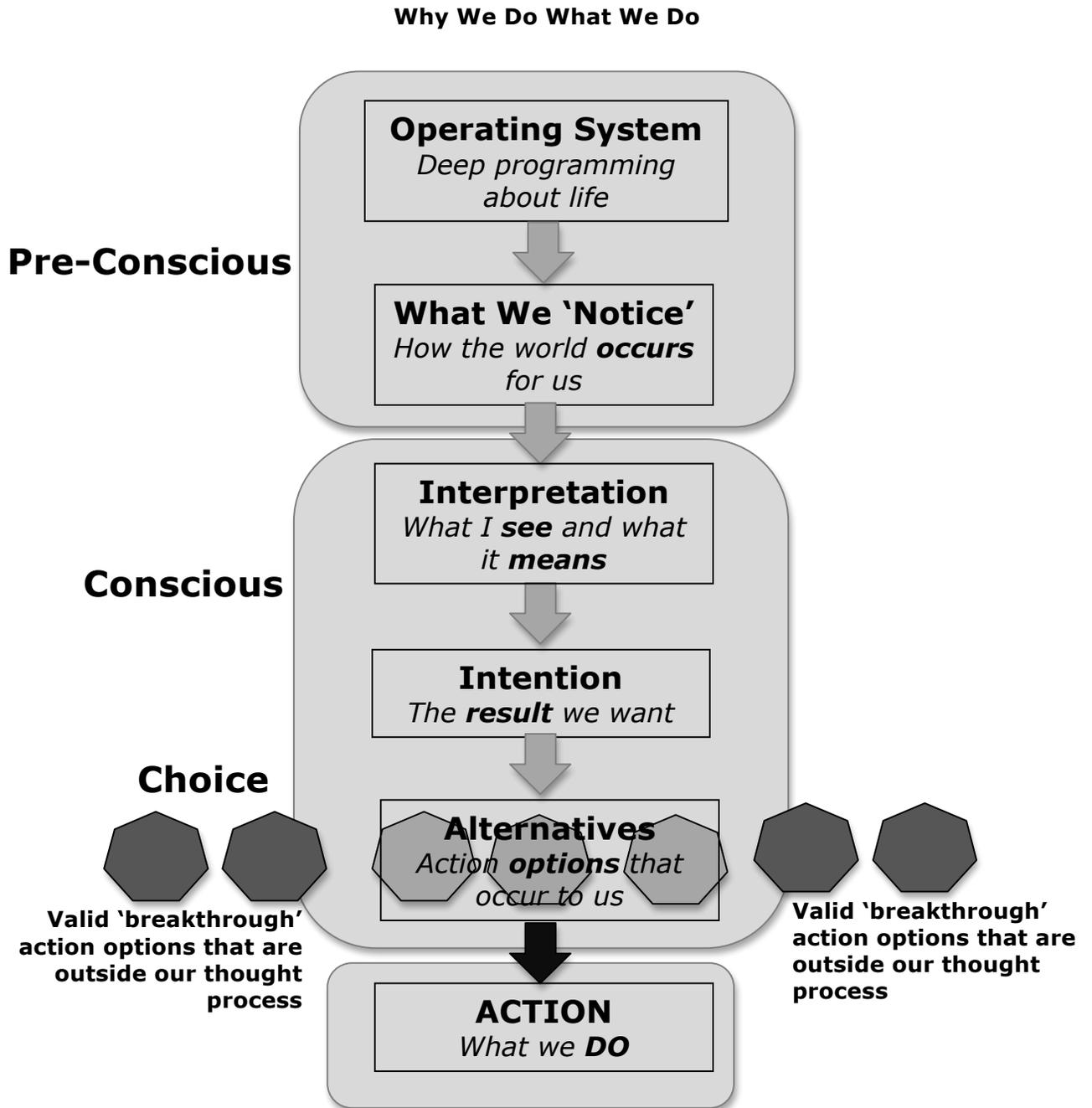
triggered the request for training. If the caller is from HR or a Training Department, the call may be the result of a *date* coming up on a training calendar showing that it is time for a program in team-building for Team X. It may be the result of an internal manager or leader having called the HR/Training Department and saying, 'We need some team-building in my department. Please contact the best low-cost resources you know and set something up.' In those rare occasions when it is the actual team leader or unit manager calling, they have still done their own 'diagnosis' and come to their own conclusion as to what kind of assistance is needed.

In my experience, *they are almost always wrong*. . . Maybe not technically 'wrong', but at the very best, it is highly likely that what *needs* to happen—the most powerful intervention—is not what they are asking for. This is because their understanding of the problem (or the possibility) comes from inside their existing frame(s) of reference. It would be like calling a physician and telling them what treatment we want the medical team to perform! What do we know about what the root problem really is?! We know our *symptoms*, usually fairly well. But the best *treatment* may or may not be something I have thought about—or even know exists.

Why the Client is 'Wrong'

The following diagram shows how during solving a problem we human beings get from what we 'see' in a situation to the alternative we choose. I call it 'The Diagnostic Funnel' since each stage in the process narrows down or reduces the possibilities available to us.

The client's process of decision-making starts at the top of this 'funnel', with their default world-view. This is the deep programming that lives in them, their core beliefs about things like management, leadership, people-development, teams and organizations. In this case, it also includes their unconscious beliefs about their careers and the political 'realities' within which they operate, what they believe their system is ready for. These are not *thoughts*, they are rather the elements in their internal 'operating system', *from which* their thoughts originate.

Why We Do What We Do

Pre-Conscious

> **Operating System**
> *Deep programming about life*
>
> ↓
>
> **What We 'Notice'**
> *How the world **occurs** for us*

Conscious

> **Interpretation**
> *What I **see** and what it **means***
>
> ↓
>
> **Intention**
> *The **result** we want*
>
> ↓
>
> **Alternatives**
> *Action **options** that occur to us*

Choice

Valid 'breakthrough' action options that are outside our thought process

Valid 'breakthrough' action options that are outside our thought process

> **ACTION**
> *What we **DO***

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The somewhat amazing truth about perception is that we are only able to see those things that already exist in the 'pantry' of our mind and its history. You could say that when we look out at the world, we are 'seeing' our own history. We can only see things that are present in our **Default Worldview**. This initial aspect of what is called perception is pre-conscious, automatic, and out of our direct control. We are basically confined to live in a world with the very limited possibility for anything completely new to show up.

That **Default World** determines what we **Notice.** The situation in front of us 'shows up' or occurs for us already filtered. Our world-view of 'that-which-is' lies just beyond or beneath our awareness, and yet what we see when we look out at the world is based (read trapped) in that view. As colleague Ted Buffington likes to say, 'Notice what you notice.' Two people can be present for the same event (a movie, a conversation, a meeting, a book) and yet report two very different descriptions of what happened. This is not only possible, but inevitable. Back to our example, the client's past has ground the 'lenses' through which they 'see' what is happening. They literally cannot see something that is not already in their 'library' of that-which-is.

The Wristwatch on the Ground

Hard as that may be to accept, look at this amazing example from Marilyn Fergu*f*son's 1973 book, THE AQUARIAN CONSPIRACY. A cultural anthropology group was studying perception with the aboriginal people of Australia. In one experiment, they drew a circle in the dirt and placed several objects inside: a pencil, a shoe, a watch and some aboriginal tools. As members of the group came up one by one, they were asked to pick up everything inside the circle. After a few people had done this, the researchers noticed that the men and women had picked up everything *but not the wristwatch*. They then began to ask the person picking up the objects, after they stopped, 'Have you picked up everything inside the circle on the ground?' They would indicate 'Yes' and yet, there on the ground at their feet, inside the circle, was the wrist watch.

Using a principle of science called Occam's Razor—where you take the simplest hypothesis that explains the most variables—they determined that the reason people had not picked up the watch was because *they couldn't see it*. You might say, 'What do you mean, 'They couldn't see it?' The doggone thing was right there on the ground!' Yes, but to them it probably looked like an interesting patch of ground. Without any experiential referent for 'wristwatch,' they were unable to 'see' it. That is, they were unable to distinguish it from everything else. They had no category in their experiential library for 'wristwatch.'

So, based on what we **Notice**, we form an **Interpretation**, an analysis of what is going on, which includes our thoughts and feelings about what we see. The old saying, now almost trite, is true nonetheless: We are creating our own reality. Our **Interpretation** then forms the context for our **Intention**, which is a result or solution that we think would be a good thing. Basically, it's what we *want* or think we *need* in the situation. That leads us to start considering **Alternatives**, a range of things we might choose to do. Sooner or later, we make a choice from among those alternatives that occurred to us, and we take **Action**.

The Phone Call Revisited

Back to the client asking for help: What happens at each level *determines*—and *limits*—the inputs available to them at the next level. This results in a *narrowing down of possibilities* as the process of perception unfolds. By the time it gets down to Alternatives for action, literally thousands of options have been eliminated in this filtering process. They may think they are seeing and considering all the important possibilities when they call and ask for a training program, but they are not. They are telling the physician what treatment is needed, based on their own diagnosis of the situation. Only someone fully trained in the applied behavioral sciences and experienced in diagnosing organizational dynamics is in a position to accurately discern what is needed.

And even experienced consultants—like physicians—often see what they are trained to fix. For instance, a consultant deeply experienced in conflict resolution will 'see' that what the client needs is—surprise, surprise—conflict resolution! In that same situation, a productivity-improvement specialist is likely to see the need for changes in the system's processes—and miss the conflict completely. A team-building trainer will see how badly they need a team-building workshop, and could miss the situation's process-improvement aspects.

So there are two perceptual 'worlds' coming together in the first few seconds of the phone call from the client asking for a program:

- The alternative THEY have decided is the need—based on their world of perception and interpretation.
- What YOU would like to do in that moment—say 'Yes' in order to make some money and maybe do some good, or suggest a process for coming to see and agree on the most important need—and corresponding intervention.

This is why my preferred way of responding to a phone call from a client begins with an agreement to do a careful diagnosis, followed by a shared 'implication-derivation' conversation with the client, then—and only then—a decision as to the intervention needed.

Each intervention represents a set of *trade-offs*, made necessary by the press of time, the client's readiness, resources and motivation, the courage of the person calling, and their relationship with the client manager or leader. In the midst of this matrix of pressure and ambiguity, you are still called on to *do something,* and if possible, have it relate to some real needs in the organization. What follows are some stages or steps in the Training Process which I have found to be essential if what happens is to have impact on the whole system and its bottom line.

THE TRAINING-AS-OD PROCESS

1 THE REQUEST FOR TRAINING

Someone contacts you with a request or an offer. Choice number one: Do I accept his/her assessment of their needs?

Establishing a good training relationship, where both your expertise and the client's are on the surface and accepted, where you confront your need for additional data, where you begin to get clear how you are going to work together, begins in *the first five minutes of the conversation.* You are either going to do the 'Training Two-Step' –

- Step One, the person who is calling tells you what to do.
- Step Two, you do it, and then leave.

or you will have to follow some or all of the following steps, expanding and deepening the accuracy of the client's diagnosis of the situation they intend to address with the training.

2 EXPANDING AND CLARIFYING TRAINING NEEDS

'Yes. I would be willing to do something to help you. (Chat, chat, chat. . .) What I would like to do next is talk with several people who are familiar with the situation—whom you suggest (especially the boss if this is not them on the phone)—to get their point of view about the need you are describing. That will ensure that we hit the target for you.'

I like to ask questions first of this initial contact, then of those selected by the client, like these:

- 'What are the clues that some kind of training needs to be done?'
- 'Who is feeling the pinches?'
- '*Who* needs to be doing *what* better or differently?'
- 'How successful do you believe an intervention like a training program will be, and why do you think so?'
- 'How much of what you have just told me would you like me to *not* share with the boss?'

Who is My Client?

I am looking for my client here in these conversations—and being open about that with whoever is on the phone. Sometimes it is the person making the request, but not usually especially if it is an HR or Training Manager calling. I need to get access to the 'Owner' of the situation who may have asked someone in HR/Training to contact me. I might ask:

- Who is responsible for the results of the training being proposed?
- Who is the key decision-maker on this project?
- If you were to advise me as to who the best 'client' would be on this, who would you suggest and why? (I am wanting to get this person who is calling 'on my side' in thinking creatively about what would be best for the intervention, not about 'turf' or politics.)

Forming a Training Event Advisory Group

If things are going well, I then talk with the caller to work with the decision-maker in designating two or three people to join them in becoming 'Training Intervention Consultants' in the planning process. 'These will be the people who will work closely with us in the development of the general plan and especially in the evaluation process.'

3 DECIDE ON THE DATA-GATHERING PROCESS

Working with the decision-maker and the internal 'Consultants', we decide who needs to be asked what, and *what we are going to do with what we find out*. Especially— what is the 'Owner' or boss going to do with the data we collect? Then we consider a variety of data-gathering approaches:

- Surveys (simple or complex),

- Interviews (one-on-one and small group, mixed or homogenous),
- Observations (walking around),
- Past and present hard records (things the client intends to change as a result of the training) like production numbers, error rates, turnover, etc.

After considering all the realities (like budget, the time available, and the importance of the issue), we decide on a process we all agree with. Following my mentor Herb Shepard's coaching, I sometimes 'play God a little' in this conversation. Remember, as a trainer/consultant I have expertise which needs to be understood. 'You can choose to go against my advice, but I want you to know what the consequences may be, and why I make this recommendation.'

Surveys	Give you—breadth, the orientation of many people, an indication of perceptions, and 'hard' numbers (which can be important to certain client systems).
	But don't give you—depth, visceral data, the real-time operational picture.
Interviews	Give you—depth, face-to-face contact, a chance to begin orienting and connecting with people.
	But don't give you—'hard' data or much time to do very many.
Observation	Gives you—hard, valid data, immediately useful measures.
	But few people will let you do it; and you don't have anywhere to hide.
Numbers	Provide common knowledge, simple measures, and low risk.
	Don't show causes, processes or relationships.

I usually lean hard on a combination of surveys plus interviews. My failures have included, *without exception,* a lack of face-to-face contact with potential clients/participants. I have learned the hard way that *'Interviewing covers a multitude of sins.'*

4 GATHER THE DATA

Obviously someone has to collect the data. I'm hopeful that you, the external Consultant, and your internal 'Consultants' are all involved. It helps to gather information as close to the event as possible and still meet your deadline.

I like to have (anonymous) survey data sent directly to me, if possible, to encourage honesty. This also establishes me as a trusted authority, and honors the request for anonymity by not letting the boss or HR/Training manager see it first.

5 COLLECTING, COLLATING AND DIAGNOSING THE DATA

This is the point which usually determines the success of training events.

My goals here is to get as many people involved in the 'pawing over' and the diagnosing of the data as is reasonable, given the budget and time available. The more eyes looking, the greater the ownership will be of what comes out of the diagnosis process.

I am active with the group as they diagnose, helping them see Polarities, but holding my judgments and inferences until the last moment. I ask questions like,

- 'How do you know?'
- 'Who else here would agree with you?'
- 'If they (whoever is being talked about) were here and overhearing our conversation, what would be their reaction?'
- 'What else could be contributing to this problem?'

I am as much interested in *ownership* as I am in *accuracy* at this stage. When this meeting ends, everyone in the room needs to be clear about what the general thrust of the intervention will be, why it needs to be that, and what we are choosing *not* to do and why.

This is where the discrepancy between what they said they wanted and what they apparently need becomes manifest. Face-saving for the HR/Training Manager and/or the boss is in order. I usually meet with him/her ahead of time to ascertain their concerns (fears) and vulnerable spots, and to plan how to protect the boss from getting dumped on, scape-goated or otherwise attacked, even if the 'charges' are accurate. A defensive boss/client a disaster-in-the-making. Take time to go over the 'hard' parts of the data one-o-one and do *not* go into the room for the training with an angry or defensive boss. . .

6 SHARING RESULTS AND IMPLICATION DERIVATION

Many good training events fail because no one shared the data with the folks who gave it to them. That just reinforces their belief that, 'These surveys don't really mean

anything.' It is important that the announcement of the training *be connected to the data* as clearly as possible. 'Since we all apparently said _____, we are planning an intervention which will focus on _____.'

I like to include actual quotes from interviews in the feedback. This gives greater credibility to the 'therefores' and shows people they were heard and are significant. This is usually where people's attitude regarding the event is cemented.

At this point, questions about training details such as, 'What will we do Thursday afternoon at 3:00 PM?' are turned aside as gracefully as possible. They may think they need details to be committed, but it's usually an attempt to reduce anxiety. My endeavors to lessen this anxiety rarely work. Reflecting people's concerns, and saying 'Trust us (the task force) and the process we all agreed to' is sometimes the best assurance.

7 DEVELOPING MEASURES OF SUCCESS

- How will we know whether the training worked?
- Who cares?
- What would an increase in ____ look like if you saw it around here?
- What would be some real-world clues that it worked?

Everybody is going to have a gut sense of the effectiveness of the training. The trick is to stiffen up the soft data. My colleague Ron Short calls this the 'rigor-relevance dilemma.' 'If we get very rigorous and researchy about what we're doing, we're likely to get very solid measures of inconsequential stuff.' The most relevant things are usually the toughest to measure, but people will be able to tell if they changed. *How to operationalize these common-sense items is the task and challenge of a committed trainer/OD Consultant.*

This stage is where your ability to demonstrate concrete results usually happens. I am trying to get them to describe success and failures in their own language and measures.

- 'People wouldn't gossip so much.'
- 'We'd be on time for meetings.'
- 'The boss would talk to us before doing something important.'

These can be worked into the pre-test/post-test data gathering process.

I use survey data to back up this 'real world' data, rather than the other way around. You may need post-event surveys to support the aims of your intervention, but the important benchmarks are in the real world measures developed by the client.

8 DESIGNING THE INTERVENTION

This is the nitty gritty, the answer to 'What are we going to do on Thursday afternoon?'

I have *never* been part of a successful design meeting with more than four people present (and those four were colleagues of long and close association). Keep the design group to two or three. Occasionally, especially where I don't know their abilities, I go off and design it myself and then test certain parts of the plan with the clients, usually the boss and the Consultants selected in Stage 2.

Actually*, the intervention has already begun* with the data-gathering, and in a well-designed action-research/OD process, the gathering of data and analysis with the client has started shifting what needs to change. The 'intervention' here is simply the program element that comes next.

9 ORIENTING THE PARTICIPANTS

The task here is to remind the participants, once again, of the connections between their expressed needs and the training program.

This can be done beforehand in a memo or face-to-face presentation. Just be sure to exercise a lot of influence over When, Who, How and What they get told. (I had a miserable experience once where I let the chief executive write the memo inviting people to the training. The memo was evidently not a departure from his usual guilt-inducing communications, and I began the program facing a very defended and hostile group of participants.)

I sometimes ask the boss to write a cover letter for my own memo, and I may suggest some phrases or even write the letter for her/him to use if they choose. They usually do. In the invitation to he training, I am wanting to: • Set the tone • Introduce myself • Get them 'up' or at least open for the work to be done.

10   THE TRAINING EVENT ITSELF

Here you do your thing.

By this time, if you've done a few of these steps, it ought to be a joy. It is, after all, based on solid data agreed on by many participants, accepted by the boss, aimed at a real problem or need, and set up to be measured in ways that everyone can understand.

Pre-Testing

If you are using any pre-testing instruments or activities, these need to come at the front of the training, but I like to stay away from the *very beginning* because people's entry behavior is so full of anxiety that it tends to skew the results.

And try to keep the instrumentation short.

11   REFLECTION AND PLANNING

'How'd it go?' 'What's next?' These are the basic questions here.

I like to meet with the consultants and decision-makers at this stage, either together or separately, depending on stress and results. We all sit around and act like researchers trying to figure out what happened. It's usually fun.

This stage also includes, for me, thinking through the next steps. How will decisions bet made? (It's nice when that has been clarified up front.) Who is going to be told what is the next step?

12   FEEDBACK AND WRAP-UP TO EVERYONE INVOLVED

Results of the feedback should be sent to everyone who is attached to the organization or unit. It demonstrates responsiveness, transparency and honesty.

I like to meet with the Consultants to find out what they learned, and with the boss, to listen closely to the impact of all this on her/him. The better I have listened at the

beginning, the easier this conversation is, and the clearer our roles have been kept, the better the wrapping-up feels (think *Pinch Theory*).

I also like to encourage the boss to: a) use the Event Consultants in some way, based on what they have told me they learned, and b) look for ways to hire me back.

It's Not a Perfect World. . .

Rarely have I done each of these steps perfectly or at all in every training event I have led. What you need to remember, however, is that when you fail to do one, or do it sloppily, you are opening the door for possible trouble somewhere in the process.

Skipping steps doesn't guarantee trouble; it only increases the likelihood that one of Murphy's Laws will strike your training. The goal is to *design training with awareness of these stages,* so you can choose what to do, rather than react with a knee-jerk and wonder later on what happened.

The Basic Principles

1. Involve people from the client group at every stage.
2. Get clear with the boss/owner from the start about roles and goals, and initiate the maintenance of that relationship. (Use the Pinch Theory)
3. Use the client system's own language and measures.
4. Keep in that middle ground between *telling* and *abdicating* so you are working *with* them, not *for* or *over* them.
5. Confront conflicts early and often.
6. Establish people on the 'inside' as your consultants and allies.
7. Trust your judgment as a professional when the client(s) wants to cut one of these corners.
8. Connect what you are doing with the data and their expressed concerns.
9. Start thinking like an OD Consultant/Action Researcher, since that's what you are.