JUPITER PRIME

Consulting • Training • Advisory

جوبيتر برايم للاستشارات والتدريب

COURSE BROCHURE

Team Behaviour Diagnosis and Unit Effectiveness Training Course

29 November – 3 December 2027
Singapore

jupiterprime.uk

info@jupiterprime.uk

Registered in the United Kingdom and Saudi Arabia

Team Behaviour Diagnosis and Unit Effectiveness Training Course

Ref: 2720_103883 **Date:** 29 November – 3 December 2027 **Location:** Singapore **Fees:** 6900 GBP

Team Behaviour Diagnosis and Unit Effectiveness is a 1-week training course for managers and people leads who must read how their units actually behave and turn that reading into a unit behaviour diagnostic report. Hybrid work, flatter structures and faster decision cycles mean that informal norms now shape results as much as formal roles do. Jupiter Prime Training offers this course on team behaviour diagnosis for leaders who want evidence rather than impressions.

Why Team Behaviour Diagnosis Matters Now

Three pressures shape team behaviour diagnosis today. Dispersed and hybrid units hide friction that once surfaced in corridors; employees expect fairness and a voice before they commit discretionary effort; and senior leaders ask managers to explain, with evidence, why one unit delivers while a similar one stalls. A unit whose habits of silence, blame or overload go unnoticed loses talent and repeats avoidable errors. A unit whose manager can name the norm, test the cause and choose a proportionate intervention recovers faster. The course rests on established research into motivation, group development, psychological safety and judgement under uncertainty, presented in plain practitioner terms.

Who Gains Most from Team Behaviour Diagnosis

- Leaders accountable for the output, morale and retention of a unit of direct reports
- People leads who advise line managers on conduct, conflict and engagement concerns
- Project and operations leads who coordinate cross-functional groups without formal authority
- Supervisors stepping up to manage former peers and setting expectations for the first time
- Internal change and culture partners who need a unit-level view before planning interventions

A leadership group from one department gains most when several members attend together, because they can compare diagnoses of neighbouring units and agree shared norms afterwards.

Team Behaviour Diagnosis Capabilities

Participants practise reading behaviour as evidence: separating symptoms from causes, and causes from the conditions a manager can actually change.

- Assess the drivers of effort and withdrawal in a unit — informing workload, recognition and role-design choices
- Map the explicit and unspoken norms of a group — informing which habits to reinforce or retire
- Test explanations for a performance gap against observable behaviour — serving fair conversations with individuals
- Weigh group decision patterns for conformity, bias and silence — serving better meeting and escalation design
- Design proportionate interventions matched to diagnosed causes — serving the unit's leader and its sponsors
- Communicate a diagnosis to senior leaders and the unit itself — serving trust and agreed next steps

Key Team Behaviour Diagnosis Terms

- Group norm — an unwritten expectation about how members behave, which the group enforces through approval, silence or sanction.
- Psychological safety — a shared belief that members can raise concerns, admit mistakes or disagree without being punished or embarrassed.
- Social loafing — the tendency of individuals to reduce effort when their contribution to a group result cannot be seen.
- Groupthink — a decision pattern in which the wish for agreement suppresses dissent and the realistic appraisal of alternatives.
- Discretionary effort — work an employee chooses to give beyond the minimum required, strongly shaped by fairness and recognition.
- Behavioural indicator — an observable, recordable action that signals a wider pattern such as disengagement, conflict or cohesion.

Team Behaviour Diagnosis Day by Day

Day 1: Behaviour as Evidence of Unit Health

- Individual, Group and Context Levels of Analysis — Where a Problem Really Sits
- Behavioural Indicator Inventory — Which Signals Merit Attention First
- Symptom-to-Cause Mapping Grid — Avoiding Blame on the Wrong Person
- Hybrid and Dispersed Unit Patterns — Visibility Gaps Leaders Must Close
- Stakeholder Expectations of Unit Conduct — Aligning Leader and Sponsor Views

Day 2: Motivation, Effort and Withdrawal

- Intrinsic and Extrinsic Drivers Profile — Matching Rewards to What People Value
- Perceived Fairness Check — Distribution, Process and Respect Concerns
- Job Characteristics Scan — Redesigning Roles That Drain Effort
- Social Loafing Warning Signs — Making Individual Contribution Visible
- Recognition Practices Audit — Sustaining Discretionary Effort Over Time

Day 3: Group Dynamics and Norms

- Stages of Group Development — Anticipating Conflict After Membership Changes
- Norm Mapping Exercise — Surfacing Unspoken Rules of the Unit
- Psychological Safety Observation Guide — Spotting Silence and Defensive Routines
- Role Clarity and Overlap Chart — Reducing Friction Between Members
- Subgroup and Faultline Analysis — Preventing Cliques and Divided Loyalties

Day 4: Decision Behaviour and Collective Judgement

- Groupthink and Conformity Signals — Protecting Dissent in Key Meetings
- Common Judgement Biases Checklist — Anchoring, Overconfidence and Escalation of Commitment
- Structured Dissent Techniques — Pre-Mortems and Assigned Challenger Roles
- Decision Rights Matrix — Clarifying Who Decides, Advises and Is Informed
- Meeting Behaviour Review Sheet — Improving Airtime, Follow-Through and Escalation

Day 5: Practising Diagnosis and Intervention

- Unit Case Diagnosis Using Day One Indicators — Building a Defensible Picture
- Intervention Options Ladder — From Coaching Conversation to Structural Change
- Applying Norm and Safety Findings — Choosing the First Behaviour to Shift
- Feedback Conversation Rehearsal — Presenting Findings to the Unit Itself
- Unit Behaviour Diagnostic Report — Findings, Causes, Interventions and Review Points

Applying Team Behaviour Diagnosis After the Course

- Run a norm mapping session with your unit and agree two norms to strengthen and one to retire, reviewed after six weeks.
- Apply the meeting behaviour review sheet to three recurring meetings and redesign one using structured dissent techniques.

Team Behaviour Diagnosis Questions FAQ

What is team behaviour diagnosis and why does it matter now?

Team behaviour diagnosis is the disciplined reading of how a unit's motivation, norms and decisions drive its results. It matters now because hybrid working and faster change hide friction, and leaders are expected to explain performance gaps with evidence rather than impressions.

Which roles gain most from team behaviour diagnosis?

Line managers and people leads gain most from team behaviour diagnosis. It also suits project leads who coordinate without authority, newly promoted supervisors, and internal culture partners who need a clear unit-level view before they recommend any intervention.

How does team behaviour diagnosis differ from a workplace psychology course?

Team behaviour diagnosis is applied and unit-focused rather than theory-focused. A psychology course explains research on individuals at work; this course gives you diagnostic tools for one unit, linking observed behaviour to causes and proportionate interventions you can lead yourself.

What do participants bring back from team behaviour diagnosis?

You bring back a completed diagnosis of a real or realistic unit. It records behavioural indicators, mapped norms, decision patterns, likely causes and a ladder of interventions with review points, ready to share with your unit and your own manager.

Team Behaviour Diagnosis: The Way Forward

The unit behaviour diagnostic report gives each participant a structured account of what their unit does, why, and what to change first. Its first use is choosing the one norm or decision habit to shift, agreed with the unit and its sponsor. After the first review point, revisit the motivation and fairness findings, which often explain why an early intervention held or faded.