ASSERTIVENESS TRAINING WITH INSTITUTIONALIZED DELINQUENTS

VALERIE ELIZABETH CREWE

ASSERTIVENESS TRAINING
WITH INSTITUTIONALIZED DELINQUENTS

by

©Valerie Elizabeth Crewe, B. A.

A Thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Science

Department of Psychology
Memorial University of Newfoundland

June 1983

St. John's Newfoundland

ABSTRACT

The present study investigated the effectiveness of assertiveness training as a treatment technique for decreasing the aggressive behaviors and improving the interpersonal skills of juvenile delinquents. Specifically, this study compared the relative effectiveness of assertiveness training to a discussion group approach in which no specific behavioral instruction was employed. The subjects were 12 residents of a provincial training school who volunteered to participate in the treatment program. The treatment program was designed to teach the subjects assertive behavior, anger management and the use of negotiation skills.

The experimental design incorporated both between groups and within group comparisons. The three treatment conditions consisted of an assertiveness training group, a discussion group and a no-treatment control group. An assessment battery was administered to all subjects both before and after the treatment program. Two methods of evaluation were employed to assess treatment effectiveness: a behavioral role-play test and a self-rating problem checklist. The subjects' performances on the Behavioral Role-Play test were independently rated by two judges for six dependent behavioral measures of assertiveness. The problem checklist asessed the frequency of occurrence of problem situations and the level of difficulty associated with handling the situations.

The results of this study did not reveal significant post-treatment changes in the three groups on any of the six dependent behavioral measures of assertiveness or on the self-rating problem checklist. Hence, the findings of the present study did not confirm the hypothesis that assertiveness training is more effective than a discussion group approach for decreasing aggressive behaviors and improving the interpersonal skills of juvenile delinquents.

Explanations for treatment ineffectiveness are discussed. Ramifications of the present findings for future research relating to assertiveness training with juvenile delinquents are suggested.

ACKNOWLEDGEMENTS

To my supervisor, Dr. David Hart, for his continued interest, direction and guidance, and for the extensive amount of time he invested in this study. To Dr. C. Penney, for her advice and concern. To the members of my committee, Drs. Kozma and Liddell, for their helpful suggestions. To the staff and residents of the Pleasantville Training School for their cooperation, and to Jim for his valuable advice, encouragement and constant support throughout this project.

TABLE OF CONTENTS

LIST OF TABLES

INTRODUCTION

The Pleasantville Training School for Boys and Girls has received considerable programme consultation from the Clinical Psychology faculty and graduate students of Memorial University of Newfoundland. During the several years of involvement at the Training School it had been observed that the residents lacked social confidence and displayed an excess of aggressive behavior in both peer and staff interactions. This observation was confirmed by reports from teachers and staff of the Training School, who noted that the majority of individual problems and interpersonal difficulties resulted from aggressive behavior exhibited by the residents. Futhermore, the teachers and staff observed that the residents had particular difficulties dealing with teasing and disagreements to which the typical response was generally aggressive. These observations prompted a review of the research relating to therapeutic intervention with juvenile delinquents. The specific interest was to test therapeutic procedures for reducing aggressive behaviors and improving interpersonal skills of institutionalized delinquents.

Skill Deficits In Delinquents

In his psychological analysis of violence, Toch (1969) profiles the aggressive individual as one who is generally deficient in verbal and other social skills. Without sufficient interpersonal strategies for coping effectively with provocations, the skill deficient individual frequently resorts to aggression and violence to preserve integrity and self-esteem. Ollendick and Hersen (1979) reached a similar conclusion from their study of delinquent youths. They reported that the major distinguishing feature of juvenile delinquents who evidence high recidivism rates was a near absence of basic interpersonal skills.

Other researchers corroborate the finding that delinquents are, in general, deficient in interpersonal and basic social skills. An investigation of youth-police interactions by Werner, Minkin, Minkin, Fixen, Phillips and Wolf (1975) revealed that court-adjudicated delinquents present themselves in a less polite, more uncooperative and generally more aggressive fashion than youths who never come to the attention of the courts. An analysis of skill deficits in both delinquent and nondelinquent boys conducted by Freedman, Rosenthal, Donahoe, Schlundt and McFall (1978) demonstrated that the two groups differed significantly in their level of social competence. The investigators reported a direct relationship between social skills deficits and interpersonal/legal difficulties. They suggest that the probability that an individual will be classified as a delinquent increases as a function of at least three factors: (a) the extent to which the individual lacks the requisite skills to deal effectively with the everyday problem situations confronting her/him (b) the frequency with which the individual encounters such problem situations, and (c) the degree to which the individual's incompetent solutions to such problem situations take the form of illegal behaviors.

These observations support a social learning and behavioral approach to the treatment of aggressive and criminal behavior. The implication is that aggressive and delinquent individuals are ineffective in their daily social functioning because of a paucity of interpersonal and basic social skills. They have either not learned appropriate modes of interacting or have maintained inappropriate behaviors through contingent reinforcement. Successful modification of the inappropriate behavior patterns is dependent on the manipulation of the reinforcing consequences of the behaviors and on the learning of new appropriate behaviors to replace the unsuitable ones.

The purpose of the present study is to test this interpersonal skills deficiency model of delinquency as a strategy for treatment intervention with institutionalized delinquents. Based on this model, a treatment program specifically designed to teach interpersonal skills would appear to be the preferred treatment approach. It seemed likely that assertiveness training, a treatment strategy developed to help individuals improve their interpersonal effectiveness by teaching new interaction skills, might prove to be a useful technique for teaching more socially appropriate behaviors to the residents of the Pleasantville School.

Assertiveness Training as a Technique for Improving Interpersonal Skills

Assertiveness training, a technique for improving interpersonal skills (Wolpe and Lazarus, 1966), utilizes the principles of social learning theory and behavior therapy to overcome ineffectiveness in interpersonal functioning. According to these theories, individuals have problems with interpersonal situations for two main reasons: (a) they have never learned socially effective behaviors because of lack of exposure to good role models; or (b) anxiety evoked in the situation interferes with and inhibits their ability to perform effectively, consequently limiting the social reinforcement they would normally receive (Liberman, King, DeRisi and McCann, 1975).

In his analysis of aggressive behavior, Bandura (1973) states that an individual's capacity to learn, either through direct experience or through observation, enables that individual to acquire many complex patterns of behavior. Aggressive behavior, like all other behaviors, can be learned and altered in this fashion. An underlying premise of assertiveness training that originates from social learning theory is that people will persist in displaying

ineffective behaviors until they learn other more effective ways to handle situational demands. The knowledge or insight that one is behaving inadequately is not sufficient to cause a change in behavior ; one must have the means to learn more successful ways of behaving if change is to take place (Bandura, 1978). Assertiveness training can provide this learning opportunity.

Assertiveness training is a therapeutic technique designed to help individuals increase their interpersonal effectiveness by employing social learning and behavioral techniques. Bandura (1973) indicates that three treatment components must be present for effective behavior change to occur : (a) alternative modes of responding should be repeatedly modeled ; (b) learners must be provided with an opportunity for practice and guidance when performing new behaviors ; and (c) successful attempts must be rewarded. An effective assertiveness training package incorporates these components with a variety of other learning techniques : instruction, modeling, behavioral rehearsal, feedback, social reinforcement and homework assignment (Edelstein and Eisler, 1976 ; Eisler, Hersen and Miller, 1973 ; Hersen, Eisler and Miller, 1973 ; Hersen et al., 1973 ; Lange and Jakubowski, 1976 ; Liberman et al., 1975).

A basic assumption of assertiveness training is that people have certain rights which they are fully entitled to exercise, and that healthy human adjustment includes exercising these rights (Wolpe and Lazarus, 1966). Through assertiveness training, individuals are able to express opinions, beliefs, needs and feelings in a direct, honest and appropriate manner (Lange and Jakubowski, 1976). Becoming more effective in interpersonal interactions will allow individuals the opportunity to function in a relaxed, healthy and satisfied manner.

The assertiveness training package developed by Lange and Jakubowski (1976) is representative of the various training programs that are currently in

use. Their training package combines what they consider to be the most effective procedures for teaching responsible assertive behavior. According to Lange and Jakubowski (1976), assertiveness training should incorporate four basic procedures: (a) teach people the difference between assertion and aggression and between nonassertion and politeness; (b) help people identify and accept both their own personal rights and the rights of others; (c) alter existing cognitive and affective obstacles to acting assertively; (d) develop assertive skills through active practice methods.

The Modification of Aggressive Behavior Through Assertiveness Training

The effective application of assertiveness training to improve the interpersonal functioning of skill deficient individuals has been demonstrated in a number of studies. The client populations have ranged from unassertive and shy college students (Rathus, 1972; Rose and Tyron, 1979; Twentyman and McFall, 1975), to chronic psychiatric patients severely deficient in interpersonal skills (Edelstein and Eisler, 1976; Eisler, Miller and Hersen, 1973; Hersen et al., 1973).

The research on assertiveness training has been extended to the treatment of aggressive individuals. Similar to the nonassertive individual, the aggressive individual has limited or insufficient social skills to function effectively in interpersonal situations (Bandura, 1973; Toch, 1969). The training programs attempt to decrease aggressive behaviors by teaching more appropriate and effective procedures for dealing with provocation or conflict. A brief review of the literature will argue for the effectiveness of this approach to the modification of aggressive behaviors.

Wallace, Teigen, Liberman and Baker (1973) in an uncontrolled case study, combined assertiveness training and contingency management in a successful

attempt to decrease the aggressive behavior of a 22-year-old male patient. The assertiveness training incorporated 25 scenes relating to institutional situations that were potentially frustrating for the subject. Each scene was role-played at least twice. The contingency contract specified that home visits would be contingent upon no assaultive behavior in the previous seven days. The authors concluded that the assertiveness training was an effective component of the treatment because the patient's behavior remained appropriate for nine months post-treatment in situations where nonaggression contingencies could not be utilized.

In a group comparison of assertiveness training to attention placebo, Rimm, Hill, Brown and Stuart (1974) found a significant decrease in the aggressive behaviors of the assertiveness training group. In this study both groups received equivalent amounts of therapist contact but different treatment procedures. The assertiveness training consisted primarily of behavioral rehearsal while the attention placebo group received nondirective treatment in which they were encouraged to simply discuss their feelings about anger. On subjective measures of discomfort and anger, the assertiveness training group rated themselves as feeling more comfortable when delivering their responses and as experiencing less anger feelings during the post-treatment role-play test. A significant treatment effect was not observed for self-rated confidence. Objective ratings of assertion and comfort on the role-play test indicated that the assertiveness training group showed significantly greater improvement than the attention placebo group.

Through assertiveness training, Foy, Eisler and Pinkston (1975) were able to reduce the verbal abusiveness and improve the interpersonal functioning of a 56-year-old man prone to explosive rages. In this single case, multiple-baseline

design study, the therapists employed modeling and focused instruction in the assertiveness training. Videotaped performances of the subject responding to a role-play test were assessed for frequencies of four verbal behaviors (hostile comments, irrelevant comment, compliance, and requests for behavior change). The results showed a decrease in hostile comments, compliance and irrelevant comments and an increase in requesting behavior. These changes were maintained at a six month follow-up evaluation. Self-reports indicated that improvements had generalized to the subject's natural environment.

Frederiksen, Jenkins, Foy and Eisler (1976) also found assertiveness training to be of value in reducing verbal aggression. They employed a multiple baseline design study to assess the effectiveness of assertiveness training for modifying the abusive verbal outbursts of two adult psychiatric patients. Their assertiveness training consisted of behavior rehearsal with modeling, focused instructions, and feedback. Patients' behaviors were assessed by a role-play test. The training improved all target behaviors and the improved behaviors generalized to novel role-play scenes and interpersonal situations on the hospital ward.

The results of a study conducted by Elder, Edelstein and Narick (1977) demonstrated the effectiveness of assertiveness training in modifying the aggressive interpersonal behavior of four emotionally disturbed adolescents. Instruction, modeling and feedback were employed in the assertiveness training. Three target behaviors (socially appropriate means of interrupting, requesting behavior change, and responding to negative communication) were trained within a multiple baseline design. The training resulted in increased social appropriateness of responses to role-played scenes. In this case the newly learned behaviors generalized to role-play scenes not used in the treatment sessions and to lunch room and day room settings.

Application of Assertiveness Training to the Treatment of Juvenile Delinquents

The positive outcomes from this research on the application of assertiveness training to the treatment of aggressive individuals in the psychiatric and general populations has encouraged investigators to expand the application of assertiveness training to include the modification of aggression in the delinquent population. One of the earliest studies to investigate the use of a skills training program on delinquent youths was conducted by Sarason (1968). He employed a group study comparing a skills training group to a no-treatment control group. The groups were matched for age, intelligence level, and severity of delinquency. Sarason's training program consisted of modeling and behavior rehearsal applied to several situations: job interviews, resisting temptation by peers to engage in anti-social acts, taking a problem to a teacher or counsellor, foregoing immediate gratification. Staff ratings and Review Board decisions regarding the delinquents served as the dependent measures. The results showed more positive changes in the behaviors and attitudes of the boys receiving training compared to a control group. Staff evaluations and Review Board decisions were more favorable for the training group.

A follow-up study by Sarason and Ganzer (1973) compared a skills training program, a structured discussion group and a no-treatment control group. The discussion group was provided with the same material but did not engage in modeling or behavior rehearsal. Post-treatment evaluation indicated that both treatment conditions were effective in encouraging more positive attitudes, behavior change, and less recidivism than a control condition. No strong consistent differences between the two experimental groups were observed.

An intervention package developed by Werner et al., (1975) to prepare delinquents for encounters with police officers was successful in improving the

interpersonal skills of the delinquents in that situation compared to a control group. These investigators employed a multiple baseline design across four target behaviors to assess the effectiveness of training each behavior for each of the experimental subjects. The intervention package incorporated several components of assertiveness training : instruction, demonstration, practice and positive feedback. Results showed a significant improvement for each target behavior with each successive implementation of training. The subjects' behaviors improved throughout training, were maintained at post-training evaluation, and the improvement generalized to an interaction with a uniformed police officer in the post test.

The use of videotaped models and role-play was employed by Thelen, Fry, Dollinger and Paul (1976) to improve the interpersonal skills of delinquents in three areas : expressing positive feelings, taking problems to a staff member, and dealing with an accusation. These investigators used a multiple baseline design to assess the training of the target behaviors. The data from six experimental and two control delinquents showed that adjustment ratings improved significantly for the assertiveness training group compared to the control group ; however, this improvement was not maintained at a two-week follow-up.

The effects of a comprehensive social skills training program with five adolescent offenders were examined by Spence and Marzillier (1979) in a multiple baseline design. The program consisted of instruction, modeling, role-playing, videotaped feedback and social reinforcement. The training lead to specific improvements in eye contact and fiddling movements ; however, certain sophisticated listening skills were difficult to train and overall, showed no significant improvement. Where training was effective, the improvements were maintained at a two-week follow-up.

In a group comparison study, Ollendick and Hersen (1979) investigated the relative benefits of three treatment conditions : social skills training, discussion and control. The social skills training consisted of instruction, feedback, modeling, behavior rehearsal, social reinforcement and homework assignments. Equivalent information was presented to the discussion group but without the behavioral procedures employed in the social skills group. Post-treatment, the social skills training group improved significantly more on all measures than the discussion and control groups, which did not differ. The social skills group evidenced improvement in interpersonal skills, reduction in anxiety, increase in internal locus of control and significant shifts in adjustment to the institutional program.

Conclusions About Assertiveness Training With Juvenile Delinquents

Analysis of the effectiveness of assertiveness training as a treatment technique for modifying the interpersonal skills of juvenile delinquents suggests that it is a beneficial intervention strategy. The exposure of these individuals to an assertiveness training program does lead to desirable changes in specific social skills and in general tends to improve their overall performance in interpersonal situations (Ollendick and Hersen, 1979 ; Sarason, 1968 ; Sarason and Ganzer, 1973).

The research to date does not provide conclusive evidence to suggest that the behavioral changes described are solely attributable to assertiveness training. Specifically, it has not been clearly demonstrated that assertiveness training employing specific behavioral instructions (i.e., modeling, behavior rehearsal, role-playing, positive reinforcement, feedback) is more effective in producing behavioral change than a treatment approach where equivalent

information is provided but not in the context of specific behavioral instruction. The majority of the studies examined employ multiple baseline or group designs with or without comparisons to a control group and no comparisons with other treatment approaches (Sarason, 1968 ; Spence and Marzillier, 1979 ; Thelen et al., 1976 ; Werner et al., 1975). It can be concluded from these studies that assertiveness training is more effective in producing behavior change than no treatment intervention. However, it cannot be inferred that assertiveness training is more effective than other intervention techniques.

Two of the studies cited employed designs that compared assertiveness training to a discussion group approach (Ollendick and Hersen, 1979 ; Sarason and Ganzer, 1973). In both experiments the discussion groups were presented with the same information as the assertiveness training groups. In both studies, the discussion groups, contrary to the assertiveness training groups, did not receive the information in the context of specific behavioral instruction. It is interesting to note that the investigators differed in their conclusions regarding the effectiveness of these treatment techniques. Whereas Sarason and Ganzer (1973) reported no significant differences between the two groups after exposure to the different treatment approaches, Ollendick and Hersen (1979) found the assertiveness training group to be superior on all measures. In addition, the latter researchers concluded that no post-treatment differences existed between the discussion and control groups.

Examination of the two studies reveals that while Ollendick and Hersen (1979) incorporated the use of several behavioral learning strategies, (instruction, feedback, modeling, behavioral rehearsal, social reinforcement and homework assignments), Sarason and Ganzer (1973) used only modeling and behavioral rehearsal. It is likely that the use of these additional strategies

accounts for the superiority of the assertiveness training group in the Ollendick and Hersen (1979) study.

The Present Investigation

The purpose of the present study was to continue the investigation of assertiveness training as a treatment strategy for modifying the inappropriate social behaviors of institutionalized delinquents. Specifically, this study examined the relative effectiveness of assertiveness training compared to a discussion group approach in producing behavioral change. The assertiveness training program incorporated all the behavioral learning procedures that were employed in the Ollendick and Hersen (1979) study: instruction, feedback, modeling, behavior rehearsal, social reinforcements and homework assignments. In the discussion group, subjects received the same information as the assertiveness training group but not in the context of specific behavioral instruction. It was anticipated that the results would corroborate the Ollendick and Hersen (1979) study and provide additional support for the social learning model of aggressive and criminal behaviors. The absence of social learning and behavioral procedures in the discussion group approach should render it ineffectual in producing behavioral change.

The skills training program employed in this study incorporated the previously outlined four basic procedures used by Lange and Jakubowski (1976) in their approach to assertiveness training. In addition, the training program included a comprehensive examination of aggressive behavior and anger management. Both treatment procedures were conducted in group settings. Assertiveness training administered in group settings has several advantages: it is cost and time efficient; it provides more opportunity for modeling; it

facilitates generalization of responses to a variety of people ; and it provides more opportunity for social reinforcement and feedback (Lange and Jakubowski ; 1976, Spence and Marzillier, 1979). A series of role-play situations and a self-report problem checklist were employed to assess treatment effectiveness.

To summarize, the present study was designed to assess the effectiveness of assertiveness training as a treatment strategy for improving the interpersonal skills and decreasing the aggressive behaviors of institutionalized delinquents. The primary focus of training was the modification of aggressive behavior patterns in provoking situations. The hypothesis to be tested was that an assertiveness training program is more effective than a discussion group approach for decreasing aggressive behaviors and improving interpersonal skills of institutionalized delinquents.

METHOD

Subjects and Setting

The subjects were 12 residents of the Pleasantville Training School in St. John's, Newfoundland. The Pleasantville school houses juveniles who have been convicted of criminal charges and legally removed from their family homes. The offenses committed were generally against property or person and consisted of such crimes as vandalism, burglary, robbery and prostitution.

Recruitment of subjects was conducted on a volunteer basis. Prior to commencement of the skills training program all 19 residents of the Pleasantville school were individually interviewed by the Experimenter. The purpose of the interview was to provide information about the training program from a therapeutic perspective and to explain that participation in the program was completely voluntary. A description of the problem behaviors to be addressed and the rationale for offering a skills training program were presented. The residents were not informed that different training procedures would be employed, nor were they told that a comparative study was being conducted. A total of 15 residents volunteered to take part in the skills training program.

Subsequent to the random assignment of the subjects to the three treatment conditions and one week into the training sessions, three of the subjects were lost from the study. One subject altered his decision to participate in the program and two other subjects were transferred from the school. This resulted in an unequal distribution of subjects in the treatment groups.

Seven of the subjects were female ; five were male. All were between the ages of 14 and 15 years. The average academic grade level of the subjects was 8.25, ranging from grades seven to ten. The mean length of incarceration was 13.2 months ; the minimum length of stay being five months and the maximum being 23 months.

The training school employed a token economy system based on an accumulation and expenditure of points. Points could be earned daily for appropriate social behaviors and spent to obtain particular privileges such as cigarettes, phone calls and weekends home. Fines in the form of points lost, were issued for inappropriate behavior. A level system was incorporated into the program. This served to reward consistently good behavior with advancement to a higher level and an increase in rights and privileges.

Design

The experimental design incorporated both between-group and within-group comparisons. An assessment battery was administered to all subjects one week prior to the commencement of the treatment program and one week post-treatment. Subjects were randomly assigned to treatment conditions after completion of the pre-treatment assessment battery.

The three treatment conditions consisted of,(a) an assertiveness training group composed of four subjects, (b) a discussion group containing five subjects and (c) a no-treatment control group comprised of three subjects.

The design controlled for therapist contact and information presented to subjects. Thus, meaningful comparisons could be made regarding the relative effectiveness of the two treatment techniques and how they contrasted to no-treatment intervention.

Assessment Procedure

Two methods of evaluation were employed to assess treatment effectiveness: A behavioral role-play test and a self-rating problem checklist.

The Behavioral Role-Play Test. To obtain an objective account of the subjects' social skills competency level, both before and after treatment, a behavioral role-play test was utilized. The behavioral role-play test is a standard social skills assessment technique in which subjects are presented with descriptions of typical real-life situations and are asked to respond to these situations in their normal mode of interacting. Specifically, subjects are requested to enact or role-play their real-life behavior. Videotaped recordings were made of the subjects in the present study role-playing these simulated real-life situations. These videotaped recordings of the subjects' performances were ultimately viewed to obtain an objective behavioral assessment of the subjects' social skills competency level. Independent judges were employed to rate the taped performances on several behavioral components of assertiveness.

Previous investigators of social skills training have postulated that videotapes of role-played situations could be more indicative of in vivo performances if they were relevant to the subjects' distinctive problems and environment (Bellack, Hersen and Turner, 1979; Eisler, Miller and Hersen, 1973). Based on this suggestion, situations specifically relevant to the subjects were incorporated into the role-play test administered in this study. The structure of the role-play test was modeled on the Behavioral Assertiveness test composed by Eisler, Miller and Hersen (1973), but differed significantly in one aspect: the situations to be role-played were generated by the residents and staff of the Pleasantville Training School.

All residents and staff of the training school were requested to provide a list of problematic interpersonal situations. From the submissions, ten vignettes

were selected to comprise the role-play test. All situations involved either a provocation or an injustice directed at one of the residents. Two of the situations (Scene 1 and Scene 10) resembled scenarios from Freedman's Adolescent Problems Inventory (1978). A complete description of the role-play test is provided in Appendix A.

The administration of the role-play test was videotaped one week prior to the commencement of the treatment program and one week post-treatment. Subjects were filmed individually. The two role models, one male and one female, were played by Clinical Psychology graduate students. Specific instructions were provided by the Experimenter. Each subject was instructed to respond as realistically as possible. The instructions were presented as follows:

> "Before we begin our training sessions I would like to find out how you react to some of the situations that you find difficult to handle. I will describe a situation to you and I want you to imagine that it is really happening. (Name of role models) will play the roles of the people in the situations described. After the situation is described, (name of role models) will say something to you. I want you to reply to what is said. Say and do what you would normally say and do in a situation of that type. There will be a total of ten situations. I will be filming you as you reply to each situation. Try not to think about the camera; just try to imagine that you are in the situation. Are there any questions?"

Both pre-treatment and post-treatment instructions were identical with the exception of the introductory sentence. Post-treatment the instructions began:

> "I would again like to see how you react to some situations that you find difficult to handle..."

It should be noted that the situations comprising the role-play test were not employed in the training program. They functioned solely as the pre-treatment and post-treatment assessment.

Responses to the role-play test were rated for each of six components of assertive behavior: response latency, response duration, eye contact, voice

The raters participated in a training session prior to the screening of the videotapes. The rater-training program employed the same vignettes role-played by three students from a public high school. During training the dependent measures were rated independently by the raters. Their ratings were then compared and the scoring criteria were discussed among the Experimenter and raters. Alterations and clarification of the criteria were made where necessary, until the criteria were clearly understood by the raters. Throughout the actual videotape screening of the subjects, the raters received periodic feedback on their agreement ratios.

The Self-Rating Problem Checklist. To obtain a subjective measure of treatment effectiveness a second method of evaluation was employed. This method incorporated the use of a self-rating problem checklist. The problem checklist consisted of items selected from a 51-item inventory used by Freedman et al., (1978) in the first phase of the five-step procedure involved in the development of her Adolescent Problems Inventory (the situational analysis step). The 51 items were general descriptions of problem situations commonly encountered by teenage boys and identified as potential areas for legal difficulties. Freedman et al., (1978) obtained these items from various sources : sociological and psychological literature on the etiology of delinquency ; case files of institutionalized delinquents ; interviews with nondelinquent boys ; interviews with professionals working in correction areas ; a questionnaire given to institutionalized delinquents. As part of the situational analysis step, Freedman et al., (1978) had each of the 51 items rated on two scales by 22 delinquent boys. The first scale assessed the frequency of occurrence of the situations presented ; the second scale assessed the level of difficulty associated with handling the situations. Freedman et al., (1978) subsequently rank ordered

loudness, voice intonation and assertive content. These six variables have been judged in previous studies to be significant components of assertive behavior and have been found to differentiate high assertive persons from low assertive persons (Eisler, Miller and Hersen, 1973 ; Eisler et al., 1973 ; Rose and Tyron, 1979 ; Serber, 1972 ; Spence, 1981). Within the context of these variables, the performance profile of the assertive individual is as follows :

1. prompt to respond after stimulus sentence (response latency) ;
2. greater length of verbal response (response duration) ;
3. frequent eye contact during conversation (eye contact) ;
4. strong, audible speech (voice loudness) ;
5. lively, expressive speech (voice intonation) ;
6. requests change in behavior of others, respects rights of others, expresses personal beliefs and opinions in direct honest manner (assertive content).

The performance profiles for the nonassertive and aggressive individuals represent the bipolar extremes on the assertiveness scale.

The six dependent measures were independently rated for each subject by two raters. Appendix B provides a copy of the assessment form used by the raters. Response latency and response duration were measured in seconds. The remaining four variables were rated on 5-point scales (see Appendix B). Two clinical psychology graduate students who were unfamiliar with the subjects and blind to group assignments served as raters. The subjects' videotaped performances of the ten vignettes were presented in succession and these comprised a unit. The units were edited so that pre- and post-treatment recordings were arranged in random order on a master tape. The random arrangement of units insured that the raters were blind to pre- and post-treatment conditions, thus controlling for expectancy and order effects. Order of tape presentation is provided in Appendix C.

the 51 items for these two measures (frequency of occurrence and difficulty of handling). Forty-two of these items judged by the delinquents to be the most common and the most difficult to handle were translated into narrative descriptions and further evaluated by Freedman et al., (1978) in the remaining four steps of the procedure involved in the development of the Adolescent Problems Inventory.

The self-rating problem checklist employed in the present study consisted of 21 of these 51 items used by Freedman et al., (1978) that had been rated by the delinquents to be the most common and most difficult situations experienced by adolescents. These 21 items were rated by the subjects in the present study on the same two scales : frequency of occurrence and level of difficulty. A copy of the self-rating problem checklist is presented in Appendix D. The checklist was administered one week prior to the beginning of the treatment program and one week post-treatment.

The self-rating problem checklist has no reliability data asspciated with it. It was selected for the subjective assessment for two reasons : (a) it contained problem situations judged by various sources to be related to delinquency ; (b) the problems comprising the checklist had been rated by delinquents as being relevant (i.e. they were judged to have a high frequency of occurrence and to be difficult to handle).

Treatment Program

The treatment program was designed to accomplish several objectives :

1. to have the subjects learn the concept of assertive behavibr ;
2. to train the subjects in the use of appropriate assertive behavior ;
3. to increase the subjects' awareness of the extent to which they

exhibited aggressive behaviors and the consequences of such behaviors ;

4. to direct the subjects in techniques for anger management ;

5. to instruct the subjects in the use of negotiation skills.

The treatment program consisted of six sessions conducted once per week for each of the two treatment groups. Each session lasted approximately 90 minutes. Two therapists, a behavioral-oriented male clinical psychologist and a female clinical psychology graduate student, jointly conducted all treatment sessions.

A brief account of the contents of the treatment program for each group is provided below. Appendix E contains a detailed description of each of the six sessions and the homework assignments that accompanied them.

Assertion Training Group. Session 1 : This session functioned as an introduction to the concepts and terminology associated with social skills. The importance of effective communication was emphasized, both for verbal and nonverbal presentation. Assertive, aggressive and nonassertive responses were discussed and the nonverbal components of interactions were described (Lange and Jakubowski, 1976). Demonstrations of all examples were provided by the trainers, and the subjects participated in a relevant exercise which allowed them to practice the behaviors they had witnessed and receive positive feedback for their performances. Homework was assigned.

Session 2 : The first item on the agenda was to review the homework assignments. The focus of Session 2 was on the identification of basic personal rights (Lange and Jakubonski, 1976). Subjects were requested to generate a list of their perceived rights. The list was discussed and clarified for the purpose of increasing the subjects' awareness of their personal rights and encouraging confidence in accepting and protecting these rights. The subjects were required

to engage in a role-play exercise relevant to the discussion. Homework was assigned.

Session 3 : Homework assignments were reviewed. Session 3 involved a comprehensive evaluation of aggressive behavior. The five behavioral patterns associated with aggression were described and examples of each were supplied (Lange and Jakubowski, 1976). Both the immediate, positive consequences and the long-term, negative consequences of aggressive behavior were delineated. The subjects participated in a role-play exercise that functioned to increase their awareness of their own anger feelings and aggressive reactions. Homework was assigned.

Session 4 : The previous week's homework assignments were reviewed. This fourth session concentrated on the analysis of anger reactions that result in aggressive behavior. A simplified explanation of Ellis' ABC paradigm of Rational-Emotive Therapy was presented (Ellis, 1979 ; Lange and Jakubowski, 1976). The primary goal of this session was to introduce the subjects to the concept of the irrational belief system and to the idea that they had choice and control over their responses to situations. The subjects performed role-play scenes of provoking situations, and individual belief systems were explored. Homework was assigned.

Session 5 : Homework assignments were reviewed. In this session Novaco's (1975) cognitive control procedure for anger management was presented. The basic principles of anger management were briefly outlined. In addition, subjects were instructed in relaxation techniques. The subjects were required to role-play provoking situations and apply the anger management principles to their responses. Trainers modeled the approach and provided constructive feedback and praise. Homework was assigned.

Session 6 : Homework assignments were reviewed. In this final session the concept of negotiation was introduced. Subjects were encouraged to entertain the ideas of compromise and bargaining in order to preserve the rights of both parties involved in a conflict. The subjects role-played conflict situations where negotiation was the optimal solution. Trainers modeled the technique and provided feedback on subjects' performances.

Discussion Group. The training sessions for the discussion group were identical to those of the assertion training group with the exception that the information was not presented in the context of specific behavioral instruction. The subjects in the discussion group were not provided with the opportunity to observe the trainers model appropriate responses, nor did they role-play and rehearse the new skills. Consequently, feedback on performance and specific behavioral instruction were not employed. The discussions included explanations of training materials and subjects' reports and comments on personal experiences related to the session themes. Trainers and subjects offered suggestions for alternative approaches to problem situations. Homework was assigned.

Control Group. The no-treatment control group received only the pre-treatment and post-treatment assessment battery. They had no therapist contact during the six-week training period.

RESULTS

Reliability

The reliability of the interobserver ratings was determined by calculating the Pearson Product Moment Correlation Coefficients for the independent ratings of the two judges for each of the six dependent behavioral measures of assertiveness (See Table 1). The interobserver reliability is acceptable for all but two of the dependent measures. Ratings of loudness of voice and intonation of voice had low interobserver reliability coefficients. This suggests that variance among groups for these two measures could be a function of observer error ; thus, valid inferences relating to these two measures cannot be made.

Between Group Comparisons

Table 2 provides the means and standard deviations of the six dependent measures for the three groups, both pre- and post-treatment. Analyses of covariance were calculated to determine if differences existed among the groups on these six dependent measures, post-treatment. The pre-treatment scores served as the covariate. The results, presented in Table 3, indicate that contrary to expectation, the treatment groups were not different from each other and neither was differentiated from the no treatment group on any of the six dependent measures. The complete summary tables of the analyses of covariance are presented in Appendix F.

TABLE 1

Correlation Coefficients of Interobserver Ratings

Dependent Measures	r
Response Latency	.82
Duration of Response	.91
Eye Contact	.78
Voice Loudness	.64
Voice Intonation	.59
Assertiveness Content	.80

TABLE 2

Means and Standard Deviations of Dependent Measures

Pre- and Post-Treatment

Dependent Measures		Assertiveness Group		Discussion Group		Control Group	
		Pre	Post	Pre	Post	Pre	Post
Response Latency[1]	Mean	.1	1.7**	.31	.59	.22	3.17
	S.D.	.14	.58	.34	.37	.19	5.26
Response Duration[1]	Mean	5.89	3.2**	5.43	4.4	4.07	2.12*
	S.D.	1.58	1.74	1.64	1.94	.38	.49
Eye Contact[2]	Mean	2.24	1.38*	1.96	1.6	2.22	1.25
	S.D.	.30	.53	.34	.59	.67	.05
Voice Loudness[2]	Mean	3.05	3.99**	3.11	4.17*	3.0	4.0
	S.D.	.07	.21	.31	.58	.0	.44
Voice Intonation[2]	Mean	3.03	2.10*	3.0	1.86*	2.98	1.93*
	S.D.	.19	.26	.39	.47	.18	.36
Assertive Content[2]	Mean	2.50	3.45**	2.25	3.08	2.42	3.1
	S.D.	.39	.39	.41	.20	.49	.40

1 - measured in seconds

2 - measured on a 5-point rating scale (rating of 1 = minimum response for eye contact and voice intonation ; and maximum response for voice loudness and assertive content)

* - pre/post-treatment comparisons; t has $p < .05$

** - pre/post-treatment comparisons; t has $p < .01$

TABLE 3

Analysis of Covariance of Dependent Measures

Source of Variation	Adjusted SS:X	Adjusted df	MS	F	Significance
Response Latency					
Between Groups	20.756	2	10.378	1.579	NS
Within Group	52.586	8	6.573		
Total	73.342	10			
Response Duration					
Between Groups	6.018	2	3.009	2.944	NS
Within Group	8.176	8	1.022		
Total	14.194	10			
Eye Contact					
Between Groups	.471	2	.236	1.049	NS
Within Group	1.801	8	.225		
Total	2.272	10			
Voice Loudness					
Between Groups	.05	2	.025	.118	NS
Within Group	1.698	8	.212		
Total	1.748	10			
Voice Intonation					
Between Groups	.131	2	.066	.398	NS
Within Group	1.328	8	.166		
Total	1.459	10			
Assertive Content					
Between Groups	.24	2	.121	1.235	NS
Within Group	.787	8	.098		
Total	1.027	10			

Within Group Pre- and Post-Treatment Comparisons

Comparisons of the pre- and post-treatment scores were conducted for each group employing the t-test for correlated samples. The means and standard deviations of each of the dependent measures, for each group, both pre- and post-treatment, are provided in Table 2.

Inspection of Table 2 indicated that the assertiveness training group was the only group to demonstrate significant differences between pre- and post-treatment scores on all six dependent measures. Post-treatment, the assertiveness training group tended to take a significantly longer time to respond and a shorter time in which to make their response. Eye contact was more deficient post-treatment. The content of the responses shifted on average almost one full rating point in the nonassertive direction. The voices of the subjects were rated to be significantly softer and more monotone at post-treatment assessment.

Examination of Table 2 shows that voice loudness and voice intonation were significantly decreased in the post-treatment assessment for the discussion group. The other dependent measures exhibited no significant differences from pre- to post-treatment for this group.

Interestingly, the control group also showed significant pre-to-post-treatment differences (Table 2). Post-treatment, the control group display a significant decrease in response duration. A significant decrease, post-treatment, was also observed for voice intonation. No differences were observed for the remaining four dependent measures.

Self-Rating Problem Checklist

Between Group Comparisons. The mean scores and standard deviations obtained by each group, both pre- and post-treatment, on the two sections of the

self-rating problem checklist are presented in Table 4. Analyses of covariance were conducted in order to determine if significant differences existed among the three groups in their post-treatment subjective ratings of frequency of encounters with problem situations and difficulty in handling the situations. The pre-treatment scores served as the covariate. The results are summarized in Table 5. The expected significant post-treatment differences between the groups in their subjective ratings were not found for either section of the problem checklist.

Within Group Pre- and Post-Treatment Comparisons. Comparisons of the pre- and post-treatment scores on the self-rating problem checklist were conducted for each group, employing the t-test for correlated samples. The means and standard deviations obtained pre- and post-treatment, for both sections of the problem checklist, for each group, are provided in Table 5. Examination of the results reveals that the assertiveness training group exhibited no significant changes from pre-treatment to post-treatment in their subjective ratings of frequency of encounters with problems and difficulty in handling problems.

Inspection of Table 5 shows that the discussion group did not demonstrate significant changes from pre-treatment to post-treatment in their subjective ratings of frequency of encounters with problems. However, at post-treatment evaluation, the discussion group rated the problems as being significantly easier to handle compared to the pre-treatment ratings.

The control group did not display significant pre-treatment to post-treatment changes for their subjective ratings for either section of the problem checklist.

TABLE 4

Means and Standard Deviations of Self-Rating Problem Checklist Scores

Pre- and Post-Treatment

		Assertiveness Group		Discussion Group		Control Group	
		Pre	Post	Pre	Post	Pre	Post
Part I: Frequency of Problem	Mean	2.413	1.985	2.5	2.395	2.106	1.873
	S.D.	.215	.299	.212	.282	.234	.279
Part II: Level of Difficulty	Mean	2.914	2.653	3.01	2.672*	2.904	2.776
	S.D.	.408	.628	.424	.483	.477	.359

* - pre/post-treatment comparisons; t has $p < .05$

TABLE 5

Analysis of Covariance for Subjective Ratings on Self-Rating Problem Checklist

	Source of Variation		
	Between	Within	Total
Part I: Frequency of Problems			
Sum of Squares: Y	.302	.427	.729
Sum of Squares: X	.638	.745	1.376
Sum of Products	.352	.275	.627
Degrees of Freedom	2	9	11
Adjusted Sum of Squares: X	.271	.566	.837
Degrees of Freedom for Adjusted Sum of Squares	2	8	10
Variance Estimates	.136	.071	
F = 1.916	NS		
Part II: Level of Difficulty			
Sum of Squares: Y	.026	1.494	1.52
Sum of Squares: X	.029	2.142	2.171
Sum of Products	-.011	1.323	1.312
Degrees of Freedom	2	9	11
Adjusted Sum of Squares: X	.069	.970	1.039
Degrees of Freedom for Adjusted Sum of Squares	2	8	10
Variance Estimates	.035	.139	
F = .252	NS		

DISCUSSION

Pre-Treatment Group Characteristics

Examination of the pre-treatment mean scores of the three groups indicated that the only aspect of the subjects' behavior that was perceived by the raters as aggressive was the content of the subjects' responses (i.e., what was actually said). The nonverbal components of the responses did not receive aggressive ratings. This observation of lack of aggressive behavior in the subjects' nonverbal presentation was incongruent with expectations. The observations of both the Experimenter and the staff of the training school, and the self-reports of the subjects indicated that the subjects engaged in an excess of aggressive behavior (both verbally and physically) in the majority of their encounters with conflict situations.

The pre-treatment tapes were rated in conjunction with the post-treatment tapes after the six-week training period was completed so as to control for expectancy and order effects. Consequently, the Experimenter had no way of knowing that the pre-treatment performances of the subjects would not be perceived as aggressive. It is surprising that individuals who generally appear to be aggressive in their daily encounters with both peers and staff presented themselves as generally meek and unassertive in an assessment situation. A plausible explanation for this discrepancy of behavior could be related to the actual assessment procedure. Although the Behavioral Role-Play Test is a standard procedure to assess social skills, several researchers have found reason to doubt that it is a valid measure of spontaneous performance. Bellack, Hersen and Lamparski (1979) found that role-play behavior was only moderately correlated with behavior in natural situations. Bellack, Hersen and Turner (1978

and 1979) also found that role-played responses were not highly related to behavior in natural situations and therefore suggested that these responses cannot be used as a predictor of in vivo behavior. Nevertheless, investigators continue to use the role-play test to assess social skills (Freedman et al., 1978 ; Gaffney and McFall, 1981 ; Ollendick and Hersen, 1979 ; Spence and Marzillier, 1979 ; Werner et al., 1975). Eisler, Hersen and Agras (1978) suggest that there are advantages to the videotaped role-play test that make it a valuable assessment tool. It provides a standardized method for obtaining direct observations of subjects' behaviors in identical situations, pre- and post-treatment ; consequently, it is a reliable measure of behavior change. In addition, it facilitates precision in defining and measuring behaviors because it can be replayed numerous times. For these reasons the behavioral role-play test was used as the assessment procedure in the present study.

It would have been preferable to employ additional assessment procedures with the role-play test. Fines for aggressive behavior imposed by the staff of the training school would have been an appropriate measure of behavior change ; however, it had been observed that the staff very rarely levied fines for aggressive behavior unless it was specifically directed at them (McNeil, 1979). Consequently, this is not a sensitive measure. A staff questionnaire relating to the social behavior of the subjects could have been administered, or behavioral observations conducted by the staff in the natural environment could have been made. These procedures were not conducted for two reasons : (a) the staff were unwilling or unable to incorporate these extra duties into their already hectic workday ; and (b) even if the staff were able to perform these tasks they were not blind to group assignments. Although the staff were not aware of the predictions relating to the two treatment groups they may have expected the

behavior of the subjects receiving therapy to become more socially appropriate than that of the subjects not receiving therapy (i.e., the control group). Thus, it was not possible to control for expectancy. Unfortunately, due to the extensive time requirements involved in conducting behavioral observations in the natural setting, the Experimenter was unable to satisfactorily perform this assessment procedure.

Another explanation for the lack of overt aggressive behavior by the subjects in the pre-treatment assessment may be related to the insensitivity of the dependent measures to aggressive behavior. The dependent measures used in the present study were standard measures that have been clearly demonstrated to be topographic features of assertive behavior (Eisler, Miller & Hersen, 1973 ; Eisler et al., 1973 ; Rose & Tyron, 1979 ; Serber, 1972 ; Spence, 1981). The assessment for characteristics of assertive behavior appeared to be the most appropriate because the training program attempted to teach general patterns of assertive responding to anger-provoking situations. Thus it appeared that these measures would be best suited to evaluate treatment effectiveness (i.e. the presence of appropriate assertive responses). However, in hindsight it seems that these measures of assertiveness may not have been sufficiently sensitive to the topographical features of aggressive behavior. It may have been more appropriate to include as dependent measures, behaviors specifically related to the presence or absence of aggression (i.e., hostile comments, irrelevant comments, aggressive noncompliance, requests for behavior change, denial, acceptance, spontaneous positive behavior).

In order to assess for these predominantly verbal modes of aggressive behavior it would have been necessary to have longer response durations than the average duration of four seconds seen in the present study. Thus, an additional

problem becomes apparent : How is it possible to increase the subjects' response durations? This is a difficult factor to influence. However one solution does seem probable. The role models might influence the subjects' response durations by improvising their roles in an attempt to draw the subjects into a dialogue, i.e., by extending each of the role-played interactions so that a longer conversation develops.

Although the pre-treatment assessment did not confirm the observations that the subjects were aggressive, it should not be concluded that assertiveness training was not required. The questionable validity of the assessment procedure and the observations of aggressive behavior both by the Experimenter and the staff of the training school suggest that such a conclusion would not be justified.

Pre- to Post-Treatment Changes

Comparisons of the within-group differences from pre-treatment to post-treatment assessment revealed that the assertiveness training group was the only group to demonstrate significant changes on all six dependent behavioral measures. The discussion group was the only group to demonstrate significant pre- to post-treatment changes on the self-rating problem checklist. Post-treatment, the discussion group rated the problems as being significantly less difficult to handle, although they perceived no change in the frequency of occurrence of the problem situations.

Examination of the pre-treatment and post-treatment scores on the six dependent behavioral measures for the assertiveness training group indicated that all of the behavioral measures had significantly changed post-treatment. In their post-treatment performances, the subjects' mean response latencies increased by 1.6 seconds ; mean response duration decreased by approximately

2.5 seconds; and eye contact became more deficient at post-treatment assessment. Although interrater reliability was low for judgments of voice loudness and voice intonation, it should be noted that voices were judged to be lower and more monotone, post-treatment. All these behaviors indicate that the subjects became more nonassertive after treatment. The only positive finding at post-treatment assessment was the shift in the contents of the subjects' reponses. While the pre- treatment mean rating of assertive content was judged to be aggressive, the post-treatment mean rating of assertive content was judged to have assertive and non-assertive qualities. Thus, the aggressive contents in the responses of the assertiveness training group diminished significantly at the post-treatment assessment. This was the only indication that the assertiveness training program had some effectiveness.

Explanations for Within Group Differences. Two possible explanations could account for the increased nonassertiveness of the nonverbal components of the subjects' responses at post-treatment, and the improvement in the verbal component. The first explanation is related to the subjects' confidence level while delivering the response. It is possible that the significant shift from an aggressive interaction to a more assertive, nonaggressive interaction resulted in a less confident delivery. The subjects were attempting to alter the content of their responses but did not feel completely comfortable with the solutions they had generated. Consequently, the uncertainty of the subjects was reflected in their presentation: a delay in responding, a short response, and lack of eye contact during the delivery of the response. Ollendick and Hersen (1979) also observed an increased response latency and an improvement in the assertive quality of the responses of delinquents involved in an assertiveness training program. To account for this discrepancy they suggested that as the subject

began requesting a change in the role model's behavior rather than demanding a change in an impulsive and aggressive manner, the tempo of response also altered. The change in response mode required the subject to think about the response, consequently causing a delay.

An alternate explanation that could account for the discrepancy between the nonverbal and verbal components of the subjects' responses is related to the actual training program. Formal discussion and training specifically directed at the nonverbal components of assertive behavior were conducted in merely a single training session. The remaining five sessions focused almost entirely on the verbal and cognitive aspects of assertive behavior. Non-verbal components of behavior were alluded to in the role-play exercises during these other five sessions but their importance in response presentation was not the main focus. Hence, it is probable that at the post-treatment assessment subjects were concentrating on their feelings, their self-statements and the contents of their responses and were not attending to the nonverbal components of their behaviors. The trainers, through the structure of the training program, may have inadvertently implied that the nonverbal components of behavior are less important or secondary to the verbal and cognitive components, when dealing with an anger-provoking situation.

Explanations for Treatment Ineffectiveness

In comparison to the findings reported by the previously examined research, the present results did not affirm the effectiveness of assertiveness training as a method for improving the interpersonal skills of institutionalized delinquents. No significant post-treatment differences existed among the three groups on any of the dependent behavioral measures or on the self-rating problem checklist.

Hence, the present findings did not confirm the hypothesis that assertiveness training is more effective than a discussion group approach for improving interpersonal skills of institutionalized delinquents. Furthermore, this study was unable to demonstrate that assertiveness training is more effective for producing behavioral change than no treatment intervention. Several explanations have been formulated to account for the ineffectiveness of the assertiveness training program employed in the present study.

The present study employed the standard instructions that accompany the Behavioral Assertiveness Test (Eisler, Miller and Hersen, 1973). These instructions direct subjects to respond as they normally would in the given situation. It was assumed that asking subjects to respond as they would normally, would prompt them to engage in real-life behavior prior to treatment and encourage them to enact the newly learned behavior (which they would perceive as their newly adapted, normal behavior), post-treatment. However, it has been suggested that the instructions accompanying the role-play test have varying effects on the subjects' performances. Freedman et al., (1978) observed that all subjects performed considerably better when they were instructed to respond with the best solution compared to when they were told to say what they would actually do. These researchers also noted that although the variation in instructions produced an overall improvement, delinquents did not perform as satisfactorily as nondelinquents. The former displayed significant deficits in social skills compared to the latter. This finding could be of significant benefit to future researchers. It implies that in a pre-treatment assessment, a therapist would obtain a more accurate account of the subject's social skills competency level by giving the subject instructions to respond with the best solution. The assumption is that the subject who does not have a behavioral repertoire of

effective, assertive responses could not generate such responses. The same instructions provided in the post-treatment assessment would encourage the subject to attempt a response from the newly acquired repertoire of social skills, thus allowing the therapist an opportunity to assess the extent of new learning and consequently the effectiveness of the training program. Instructions to respond normally may merely cue the subject to retrieve behaviors from past experience and disregard the newly learned responses. Perhaps new behaviors require considerable practice and time before they are viewed as 'normal behavior' by the subject.

The instructions provided to the subjects in the present study encouraged them to respond as they would normally. Hence, it is probable that the subjects resorted to their past behaviors because they did not perceive the newly acquired skills as part of their normal behavioral repertoire. Consequently, the subjects did not demonstrate the new learning, if in fact it had occurred.

Two studies conducted by Spence and Marzillier (1979 and 1981) to assess the effectiveness of assertiveness training with adolescent delinquents employed the use of single case multiple baseline designs to assess the effectiveness of training and compare across conditions. These investigators concluded that assertiveness training did result in improvement in the performance of certain basic social skills but that subjects varied considerably in their response to training. This type of design was effective in demonstrating the specificity of training effects and in identifying individual differences in response to training. The group design used in the present study was not well adapted to detect individual differences in response to training. It is likely that certain types of delinquents respond better to assertiveness training than others. The assertiveness training program administered in the present study may have been

effective with particular subjects. However, the small subject sample in combination with individual variability in response to training may have masked any group differences that could have resulted. The use of single subject design experiments may be more helpful for assessing effectiveness of assertiveness training. Research could then extend into individual differences in response to this particular training.

Spence and Marzillier (1979 and 1981) observed that certain social skills were fairly sophisticated and consequently difficult to train. In particular, they discovered that question-type feedback responses (questioning responses made by subjects while in the listening role, e.g., 'did you?', 'really?", "oh?") could not be effectively performed by their adolescent offender population and suggested the possibility that these behaviors were too advanced or inappropriate for use with the delinquent population. The skills training program employed in the present study involved the teaching of rather specialized behavioral and cognitive skills such as identifying and modifying irrational belief systems, managing anger reactions, and generating solutions to conflict situations through the application of negotiation skills. It is reasonable to conclude that these particular skills required considerably longer training time before they could be effectively adopted by the subjects. A similar skills training program presented over a longer time frame may have effected significant positive changes in the subjects' interpersonal skills. It is important in any training program that the subjects have an opportunity to develop a complete understanding of the training material; this includes having sufficient time to digest the information and practice the skills.

An interesting finding, related to the structure of the training program, was reported by Sarason (1968). He observed that skill training with juvenile

delinquents was more effective if discussion did not follow the modeling and behavioral rehearsal sessions. He postulated that when discussion follows the modeling and role-playing sessions the subjects can achieve a degree of closure and termination by virtue of the discussion. Thus, the subjects are less likely to think about the information or practice the skills when the session is completed. He suggested that when questions are left unanswered the adolescents tend to continue to come to grips with them after the session is over. Consequently, it is more likely that they will think over the information and practice the skills. The present study concluded all assertiveness training sessions with a discussion. Although homework was assigned, the subjects did not consistently complete the assignment. It is possible that Sarason's analysis of his particular finding could apply to the present study. Following the discussion, subjects in the assertiveness training group were left with little or no questions to be answered. Therefore, they did not have a need to think over or analyse the information and did not practice the skills. Hence, the training program was reduced in effectiveness.

An additional factor responsible for the decreased effectiveness of the assertiveness training program administered in the present study may be related to the subjects' reactions to the role-play and behavioral rehearsal exercises. Ollendick and Hersen (1979) reported that the delinquents in their study reacted negatively to these types of exercises. They either refused to participate or participated reluctantly. These investigators found that through the use of positive reinforcement of socially skilled responses, the negative reactions diminished and the delinquents became more actively involved in the exercises. The subjects in the present study exhibited a similar reaction to the role-playing and behavioral rehearsal exercises. However, unlike the Ollendick and Hersen

(1979) study the negative reactions of the subjects in the present study did not diminish through the application of positive reinforcement. These subjects continued throughout the entire training program to display a reluctance to engage in the role-playing and behavioral rehearsal exercises, with the final result that these essential components of the skills training program had weak levels of participation. The research on assertiveness training suggests that a skills training program in which subjects do not actually rehearse and practice new behaviors is less effective in producing behavioral change than a skills training program in which subjects engage in these active practice methods (Bandura, 1973 ; Edelstein and Eisler, 1976 ; Hersen, Eisler, Miller, Johnson and Pinkston, 1973 ; Lange and Jakubowski, 1976 ; Liberman et al., 1975).

Interrater Reliability

It has been noted that interrater reliability for the two dependent measures of voice loudness and voice intonation were relatively low. These are two explanations that could account for the low interrater reliability for these two dependent measures. The first explanation concerns the rater-training sessions. In the present study, the raters were not trained to a specific criterion of agreement (i.e. 90% agreement) ; rather, the training consisted of comparisons of ratings, and discussions among raters and experimenter regarding explanations and clarifications of scoring criteria. Although it would have been preferable to continue training until 90% agreement criterion was obtained, the limited number of training vignettes did not make this feasible.

The second explanation that could account for the low interrater reliability for the two dependent measures of voice loudness and voice intonation is related to the subjects' videotaped responses. The mean duration of response provided

by the subjects was approximately four seconds. Consequently, it was difficult for the raters to obtain an accurate impression of voice loudness and voice intonation with so short a verbal response from which to judge.

These two factors did not adversely influence the interrater reliability for the remaining four dependent measures. The correlation coefficients for these measures were within the acceptable range.

Experimental Design

Given the small sample size employed in the present study, it may have been advisable to incorporate all subjects into the experimental groups and dispense with the control group. However without employing a no-treatment control group, it would not have been possible to make any definite conclusions regarding treatment intervention versus no treatment intervention. In this particular case, if significant behavior change had occurred, it could have been attributed to the contingency management program in which all the subjects participated. Thus, a no-treatment control group was required in order to control for the influence of the contingency management program.

Ramifications of the Present Study

The specific research problems encountered in the present study have been identified and delineated. These problems include the following: the experimental design employed in the study, individual differences in response to training, the particular behavioral strategies actually employed in training, the format of the training program, the instructions to subjects in the assessment phase, and the relevancy and difficulty of the specific skills being trained. The findings of the present study and the results of the previous investigations of

assertiveness training with juvenile delinquents provide several suggestions for the direction of future research.

The studies of the effectiveness of assertiveness training for increasing prosocial and decreasing criminal behaviors of juvenile delinquents have generally demonstrated short-term results for specific basic social skills. However, assertiveness training has not been shown to produce generalized improvements in the social behaviors of delinquents and has failed to lead to a reduction in recidivism (Ollendick and Hersen, 1979 ; Spence and Marzillier, 1980). Thus, there is no evidence to suggest long-term treatment effectiveness of assertiveness training in altering delinquent behavior patterns. Criminal behavior in its varied forms is governed by a myriad of individual and environmental factors which make it difficult to control. Feldman (1977) in his psychological review of criminal behavior suggests that all three components of learning, individual predisposition and social reaction, function in an intricate relationship to influence the acquisition, performance and maintenance of criminal behavior. The complexity of this behavior has encouraged researchers to broaden the application of treatment techniques. Feldman (1977) advocates the use of behavioral methods because they appear to hold the most promise for the modification of criminal behavior. However, he recommends that an attempt be made to apply the behavioral programs outside the institution in a more naturalistic setting where individuals are provided with daily opportunities to encounter and practice the social skills necessary to succeed in noninstitutional setting. Spence and Marzillier (1981) also express a concern about restricting treatment interventions to institutions. They argue for a need to research alternative programs into which assertiveness training could be combined in order to produce a successful intervention approach. They suggest

the application of assertiveness training within a community rehabilitation program such as a small, family group teaching home like professional foster parent schemes.

The current research into juvenile delinquency continues to investigate and support the concept of social skills deficiency. In a recent study, Gaffney and McFall (1981) reported a relationship between lack of competence in social skills and delinquent behavior. They point out that although there is no evidence to suggest that delinquency is caused by lack of social skills, the relationship between deficits in social skills and delinquency is strong enough to support the development and evaluation of social skills training programs for delinquents.

Spence and Marzillier (1981) propose that assertiveness training conducted as a preventive measure and based in regular schools may offer greater promise than assertiveness training conducted in correctional institutions. This suggestion was based on the premise that it is more difficult to eliminate a problem behavior once it has been established. These investigators indicate that this is particularly true for offending behavior which generally leads to a high frequency of reinforcing consequences. The identification of skill deficient adolescents before they become officially known as problem cases is presently possible through the ulitization of social skills competency inventories. Two of these inventories [Freedman's Adolescent Problems Inventory (1980) and Gaffney and McFall's Problem Inventory for Adolescent Girls (1981)] have been demonstrated to provide valid measures of social competency in adolescents. The subsequent participation of these adolescents in skills training programs may help to reduce the likelihood of future behavior problems. Gaffney and McFall (1981) anticipate that the application of assertiveness training programs as a preventive measure could accomplish several goals : the teaching of new, more

effective behaviors may result in skill deficient adolescents obtaining satisfying rewards from their environment, consequently they would no longer need to employ inappropriate or illegal behaviors to achieve these ends ; learning what constitutes a competent and incompetent response would allow the skill deficient adolescents to improve their relationships with adults and peers by reducing their verbal and physical aggressivness ; and learning to behave more assertively would allow the skill-deficient adolescents to confront problems and communicate their ideas clearly and politely.

The effective application of assertiveness training as a treatment intervention strategy with juvenile delinquents has not as yet yielded consistent, clear-cut successes in reducing recidivism. The present evaluation of this treatment strategy and its proposed application as a preventive measure should serve to indicate directions for future research.

REFERENCES

Bandura, A. Aggression: A Social Learning Analysis. New Jersey: Prentice-Hall, Inc., 1973.

Bellack, A. S., Hersen, M., and Lamparski, D. Role-Play Tests for Assessing Social Skills: Are They Valid? Are They Useful? Journal of Consulting and Clinical Psychology, 1979, 47, 335-342.

Bellack, A. S., Hersen, M., and Turner, S. M. Role-Play Tests for Assessing Social Skills: Are They Valid? Behavior Therapy, 1978, 9, 448-461.

Bellack, A. S., Hersen, M., and Turner, S. M. Relationship of Role-Playing and Knowledge of Appropriate Behavior to Assertion in the Natural Environment. Journal of Consulting and Clinical Psychology, 1979, 47, 670-678.

Edelstein, B. A., and Eisler, R. M. Effects of Modeling and Modeling with Instructions and Feedback on the Behavioral Components of Social Skills. Behavior Therapy, 1976, 7, 382-389.

Eisler, R. M., Hersen, M., and Agras, W. S. Videotape: A Method for the Controlled Observation of Non-Verbal Interpersonal Behavior. Behavior Therapy, 1973, 4, 420-425.

Eisler, R. M., Hersen, M., and Miller, P. M. Effects of Modeling on Components of Assertive Behavior. Journal of Behavior Therapy and Experimental Psychiatry, 1973, 4, 1-6.

Eisler, R. M., Miller, P. M., and Hersen, M. Components of Assertive Behavior. Journal of Clinical Psychiatry, 1973, 29, 295-299.

Elder, J. P., Edelstein, B. A., and Narick, M. M. Social Skills Training in the Modification of Aggressive Behavior of Adolescent Psychiatric Patients. Paper presented at meeting of Association for the Advancement of Behavior Therapy, Atlanta, December, 1977.

Ellis, A. How to Live With - and Without - Anger. New York: Reader's Digest Press, 1979.

Feldman, M. P. Criminal Behavior: A Psychological Analysis. London: John Wiley and Sons, 1977.

Foy, D. W., Eisler, R. M., and Pinkston, S. Modeled Assertion in a Case of Explosive Rages. Journal of Behavior Therapy and Experimental Psychiatry, 1975, 6, 135-137.

Frederiksen, L. W., Jenkins, J. O., Foy, D. W., and Eisler, R. M. Social Skills Training to Modify Abusive Verbal Outbursts in Adults. Journal of Applied Behavior Analysis, 1976, 9, 117-125.

Freedman, B. J., Rosenthal, L., Donahoe, C. P., Schlundt, D. G., and McFall, R. M. A Social-Behavioral Analysis of Skill Deficits in Delinquent and Non-delinquent Adolescent Boys. Journal of Consulting and Clinical Psychology, 1978, 46, 1448-1462.

Gaffney, R. L., and McFall, R. M. A Comparison of Social Skills in Delinquent and Nondelinquent Adolescent Girls Using a Behavioural Role-Playing Inventory. Journal of Consulting and Clinical Psychology, 1981, 49, 959-967.

Haynes, S. N. Principles of Behavioral Assessment. New York: Gardner Press, Inc., 1978.

Hersen, M., Eisler, R. M., and Miller, P. M. Development of Assertive Responses: Clinical, Measurement and Research Considerations. Behavior Research and Therapy, 1973, 11, 505-521.

Hersen, M., Eisler, R. M., and Miller, P. M., Johnson, M. B., and Pinkston, S. G. Effects of Practice, Instruction and Modeling on Components of Assertive Behavior. Behavior Research and Therapy, 1973, 11, 443-451.

Klugh, H. E. Statistics: The Essentials for Research. New York: John Wiley and Sons, 1970.

Lange, A., and Jakubowski, P. Responsible Assertive Behavior: Cognitive/Behavioral Procedures for Trainers. Illinois: Research Press, 1976.

Liberman, R. P., King., L. W., DeRisi, W. J., and McCann, M. Personal Effectiveness: Guiding People to Assert Themselves and Improve Their Social Skills. Illinois: Research Press, 1975.

McNeil, K. The Effects of a Self-Government Program on Aggressive Behavior With Institutionalized Delinquent Adolescents. 1979. Unpublished Master's Thesis, Memorial University of Newfoundland.

Novaco, R. W. Anger Control. Massachusetts: Lexington Books, 1975.

Ollendick, T. H., and Hersen, M. Social Skills Training for Juvenile Delinquents. Behavior Research and Therapy, 1979, 17, 547-554.

Rathus, S. An Experimental Investigation of Assertion Training in a Group Setting. Journal of Behavior Therapy and Experimental Psychiatry, 1972, 3, 81-86.

Rimm, D. C., Hill, G. A., Brown, N. N., and Stuart, J. E. Group Assertiveness Training in Treatment of Expression of Inappropriate Anger. Psychological Reports, 1974, 34, 791-798.

Rose, Y. J., and Tyron, W. W. Judgements of Assertive Behavior as a Function of Speech Loudness, Latency, Content, Gestures, Inflection and Sex. Behavior Modification, 1979, 3, 112-123.

Runyon, R. P., and Haber, A. Fundamentals of Behavioral Statistics. Massachusetts: Addison-Wesley Publishing Co., 1971.

Sarason, I. G. Verbal Learning, Modeling and Juvenile Delinquency. American Psychologist, 1968, 23, 254-266.

Sarason, I. G., and Ganzer, V. J. Modeling and Group Discussion in the Rehabilitation of Juvenile Delinquents. Journal of Counselling Psychology, 1973, 20, 442-449.

Serber, M. Teaching the Non-verbal Components of Assertion Training. Journal of Behavior Therapy and Experimental Psychiatry, 1972, 3, 179-183.

Spence, S. H. Validity of Social Skills of Adolescent Males in an Interview Conversation with a Previously Unknown Adult. Journal of Applied Behavior Analysis, 1981, 14, 159-168.

Spence, S. H., and Marzillier, J. S. Social Skills Training with Adolescent Male Offenders: I. Short Term Effects. Behavior Research and Therapy, 1979, 17, 7-16.

Spence, S. H., and Marzillier, J. S. Social Skills Training with Adolescent Male Offenders: II. Short Term, Long Term and Generalized Effects. Behavior Research and Therapy, 1981, 19, 349-368.

Thelen, M. H., Fry, R. A., Dollinger, S. J., and Paul, S. C. Use of Videotaped Models to Improve the Interpersonal Adjustment of Delinquents. Journal of Consulting and Clinical Psychology, 1976, 44, 492.

Toch, H. Violent Men: An Inquiry Into the Psychology of Violence. Chicago: Aldine Publishing Co., 1969.

Twentyman, C. T., and McFall, R. M. Behavior Training of Social Skills in Shy Males. Journal of Consulting and Clinical Psychology. 1975, 43, 384-395.

Wallace, C.J., Teigen, J. R., Liberman, R. P., and Baker, V. Destructive Behavior Treated by Contingency Contracts and Assertion Training: A Case Study. Journal of Behavior Therapy and Experimental Psychiatry. 1973, 4, 273-274.

Werner, J. S., Minken, N., Minken, B. L., Fixsen, D. L., Phillips, E. L., and Wolf, M. M. "Intervention Package", An Analysis to Prepare Juvenile Delinquents for Encounters with Police Officers. Criminal Justice and Behavior, 1975, 2, 55-83.

Wolpe, J., and Lazarus, A. A. Behavior Therapy Techniques: A Guide to the Treatment of Neuroses. Oxford: Pergamon Press, 1966.

APPENDIX A

ROLE-PLAY TEST

ROLE-PLAYING TEST

1. You are walking along a street in a neighbourhood that is unfamiliar to you. You notice that someone is walking towards you. This person walks up and passes you, but in doing so he bumps directly into you. He has pushed you so hard that you nearly lose your balance. He says, " Look where you're going, clumsy!"

   You say -

2. The staff is assigning people to clean the washrooms for the week. (Name of Counsellor) comes to you and tells you that it is your turn to wash the tub and sink. You tell her that you had this job last week. (Name of Counsellor) checks her schedule where she has all this information written. However, she realizes that she had forgotten to mark your job on the schedule. She says, "Well, I have no written proof that you did the bathroom last week. You may very well have. Anyway, I don't think it will hurt you to do it again, and if you don't you'll get a fine."

   You say -

3. It is a Saturday afternoon and you are getting ready to go to the Mall. You realize that you don't have a clean shirt to wear. You know that a friend of yours has a couple of clean shirts in (her)his closet, so you go into her(his) room to ask to borrow one. However, she(he) is not around. Instead of looking for her(him), you decide to borrow it without her(his) permission.

   When you return from the Mall you take the shirt off and return it to your friend's room. When you walk in the room, you see your friend lying on the

bed. She(he) says, "What are you doing with my shirt. I've told you before, never take anything from my room without my permission. Give it back and get the hell out of here!"

You say -

4. A friend of yours has broken his radio. You are going out this particular day and she(he) asks to borrow your radio. You don't want to lend it but she(he) is persistent and adds that she(he) will take good care of it. You finally consent to letting her(him) have it. You come home that afternoon and you're feeling rather low. (The day has been exhausting and you've had a few disagreements with people you've encountered.) All you want to do is relax and listen to your radio. You go to your room and get it, but it's not there. So you go to your friend, thinking that she(he) must still have it. When you ask her(him) for your radio she says, "You won't believe what happened. I was on my way downstairs with the radio when I tripped and the radio fell and broke. It was an accident."

You say -

5. You and five other people are playing a board game (Masterpiece). It is your turn and you have an opportunity to engage in a particular move that would surely give you the lead in the game. However, you do not see this particular move and so miss your opportunity. One of your opponents comments, "You are so stupid, you don't even know how to play this game. You may as well quit because you're going to lose for sure now. What a stupid move!"

You say -

6. You and a close friend are engaged in conversation. You are discussing personal matters, things you'd rather no one else heard. Another person enters the room and comes over to where you are both sitting. You stop talking. This other person says, "Hello" and begins to strike up a conversation. You both would rather continue with what you were discussing previous to her(his) arrival.

   You say –

7. You and a few friends are in the T.V. room. You are watching T.V. but the others are fooling around, shoving and jostling each other. It is only in fun and they are having a good time. (Name of Counsellor) enters. She looks directly at you and yells, "Give it up, will you. You're always shagging around!" You feel that she is unjustly accusing you since you hadn't been doing anything wrong.

   You say –

8. You're sitting at the table eating lunch. You have asked several times for someone to pass you a slice of bread. Nobody had paid any attention to you, so you reach over to get it yourself. As you are doing this (Name of Counsellor) yells, "Stop reaching across the table. If you want something, ask for it and someone will pass it to you." She(he) had startled you when she(he) spoke, causing you to jerk your hand back. This resulted in you tipping over your glass of milk. (Name of Counsellor) says, "See what happened now! there's no excuse for this. You've lost your table points!"

   You say –

9. You're sitting at breakfast and you hear someone suggest that study period began at 8:00 this evening. Everyone else seems to agree. However, you had <u>really</u> been wanting to see a particular T.V. special that is on at that same time. So you raise your objections. The staff member listens and then replies, "You know that everyone must have study period together and we must go by majority rule." That means that you will have to miss the show you wanted so much to see.

   You say –

10. You are out with your friends. It's 10 o'clock, time for you to return home. All your friends are allowed to stay out later (until 12) so you decide to stay out with them even though you know that your curfew is for 10. When you arrive home at 12, your father is sitting in the room with his housecoat on, watching T.V. When you enter, he yells at you, "Where the hell have you been? Do you have any idea what time it is? Or don't you kids know how to tell time anymore?"

    You say –

APPENDIX B

ASSESSMENT FORM

ASSESSMENT FORM

Tape Number _____

Vignette Number _____

Behavioral Measures

Latency of Response: S's latency of response from the time the role model terminated her/his prompts to the beginning of her/his speech. (Number of seconds) _____

Duration of Response: (Number of seconds) Time from onset of response to end of response. Time out - any pauses of duration greater than three (3) seconds. ____

Eye Contact:

1. doesn't look at role model
2. looks but does so erratically
3. appropriate looking
4. glaring but not constantly
5. constant, excessive, glaring

Loudness of Voice:

1. Shouting or screaming ; clearly oppressive loudness.
2. Louder than usual ; enough to cause some discomfort.
3. Firm, clear level ; easy to distinguish words ; comfortable.
4. Soft voice, requires one to listen carefully ; impression of little energy ; words are distinct.
5. Very low, strain to hear, some words are indistinct because of excessive softness.

Voice Intonation:

1. Monotone ; completely flat intonation ; every word on same pitch ; no irritation in tone.
2. Some variation in tone and pitch but these are infrequent or small ; little expression.
3. Lively intonation ; appropriate expressiveness.
4. Some exaggeration of emphasis ; raised pitch ; hardness of tone ; expressing irritation or mild annoyance.
5. Exaggerated tone, pitch and emphasis ; clearly expressing anger.

Assertive Content:

1. Aggressive. Bodily contact intended to cause harm (i.e., hitting, fighting) ; threatening with psychological or physical harm ; swearing, name-calling.
2. Sarcastic responses intended to provoke another ; rudeness ; demanding an apology ; expressing a demand or request without explanation or consideration of others' rights ; refusing to comply without explanation.
3. Assertive. Expression of thoughts, feelings and beliefs in a direct and honest manner which does not violate another's personal rights ; requesting an apology ; requesting behavior change in an appropriate manner.
4. Not confronting the provocation (going to staff) ; asking for further clarification of provocation without explanation of own position ; explaining own position without asking for further clarification.

5. Non-Assertive. Escaping a situation in which a verbal or non-verbal response is requested; conforming to a situation to which S is opposed; responses which convey no information (i.e., I don't know); S being apologetic when not at fault.

Use the worst rating if more than one behavior is present in the response.

APPENDIX C

ORDER OF TAPE PRESENTATION TO RATERS

ORDER OF TAPE PRESENTATION

Control Group Subject 3	Post-Treatment
Discussion Group Subject 2	Pre-Treatment
Assertion Group Subject 2	Pre-Treatment
Control Group Subject 1	Post-Treatment
Discussion Group Subject 1	Post-Treatment
Assertion Group Subject 4	Post-Treatment
Discussion Group Subject 5	Pre-Treatment
Control Group Subject 3	Pre-Treatment
Assertion Group Subject 1	Pre-Treatment
Assertion Group Subject 1	Post-Treatment
Control Group Subject 1	Pre-Treatment
Assertion Group Subject 2	Post-Treatment
Assertion Group Subject 3	Post-Treatment
Assertion Group Subject 4	Pre-Treatment
Discussion Group Subject 5	Post-Treatment
Discussion Group Subject 3	Pre-Treatment
Control Group Subject 2	Pre-Treatment
Discussion Group Subject 4	Pre-Treatment
Discussion Group Subject 2	Post-Treatment
Control Group Subject 2	Post-Treatment
Discussion Group Subject 1	Pre-Treatment
Assertion Group Subject 3	Pre-Treatment
Discussion Group Subject 3	Post-Treatment
Discussion Group Subject 4	Post-Treatment

APPENDIX D

SELF-RATING PROBLEM CHECKLIST

PROBLEM CHECKLIST

The following is a list of items which some teenagers define as problems. I would like to know whether or not you have ever faced any of these problems. For each item, circle one of the numbers that comes after the problem to tell me whether you have ever had this problem or felt this way.

1. NEVER (You have never faced this problem or felt this way.)
2. ONCE (You have faced this problem once, that you can remember.)
3. MORE THAN ONCE (You have faced this problem more than one time.)

Next, I want to know how difficult each of these situations would be for you to handle. If there are situations you have never been in, just tell me how difficult you <u>think</u> that situation would have been for you to deal with. For each item, circle one of the letters that comes after the problem to tell me how difficult that kind of problem would be for someone like you to solve.

A. Very easy to solve this kind of problem.
B. Easy to solve this kind of problem.
C. Hard to solve this kind of problem.
D. Very hard to solve this kind of problem.

1. Someone (parent, teacher, policeman, or friend) blamed me for something I did not do.

   1 2 3 / A B C D

2. I could not get along with a teacher in school.

   1 2 3 / A B C D

3. My parents hassled me about my long hair or my clothes.

   1 2 3 / A B C D

4. I got into a fight with another guy or girl because she/he called me a name or cut me down.

   1 2 3 / A B C D

5. My mother or father (or stepparent or foster parent) didn't approve of one of my friends, and we argued about it.

   1 2 3 / A B C D

6. I got into a fight with a guy or girl because she/he cut down someone in my family.

   1 2 3 / A B C D

7. I can't get along with my father because he has a bad temper.

   1 2 3 / A B C D

8. I had a fight with my brother or sister because they were nosing around in my business.

   1 2 3 / A B C D

9. I couldn't take orders from an adult.

   1 2 3 / A B C D

10. I couldn't turn down a friend when he asked me for a favour, even when I didn't really want to do it.

    1 2 3 / A B C D

11. A teacher or principal hassled me because of my police record.

1 2 3 / A B C D

12. One of my teachers kept picking on me.

1 2 3 / A B C D

13. The kids in school picked on me and I didn't know what to say to stand up for my own rights.

1 2 3 / A B C D

14. I have felt upset because my parents argued with each other and I didn't know what to do about it.

1 2 3 / A B C D

15. My parents pried into my affairs.

1 2 3 / A B C D

16. I had a problem but couldn't talk to my mother about it.

1 2 3 / A B C D

17. I couldn't talk to my father about a problem I was having.

1 2 3 / A B C D

18. I lost my temper and mouthed off to someone over some little thing.

1 2 3 / A B C D

19. I did something without thinking about what I was doing.

1 2 3 / A B C D

20. I did something without thinking about the consequences of my behavior.

1 2 3 / A B C D

21. I got in a bad mood and had trouble getting out of it.

1 2 3 / A B C D

APPENDIX E

THE TREATMENT PROGRAM

DETAILED DESCRIPTION

SOCIAL SKILLS TRAINING PROGRAM - PLEASANTVILLE

Session 1

What do we mean by social skills? We mean: saying what you think and feel without feeling uncomfortable about it and without imposing on the rights of others. You respect yourself more and get more respect from others when you stand up for your rights and express what you think and feel and believe, clearly and honestly in ways which do not offend others or violate another person's rights. We get what we need by interacting with other people. The more effective we are in expressing ourselves to other people, the more we will be satisfied with ourselves and the way our lives are going.

In the first session we want to point out some ways in which people often succeed and fail in communicating with other people and then describe some basic components of effective communication. With each of these we will have some practice or discussion.

Assertive Behavior. Using social skills effectively is often called being assertive. Some examples of assertive behavior are:

1. Requesting help; e.g., with math homework.
   Assertion Training Group - request is modeled and discussed.
   Discussion Group - explanation of approach to use in making request.
2. Refusing a request; e.g., when too busy to help with homework.
   Assertion Training Group - refusal is modeled and discussed.
   Discussion Group - discussion of ways to refuse request and of individual's rights in this particular situation.

3. Requesting a change in behavior ; e.g., complaining about roommate's untidiness.

   Assertion Training Group - request is modeled and discussed.

   Discussion Group - discussion of how to approach and perform in this type of situation. Respect for self and others is discussed.

4. Expressing an opinion ; e.g., expressing positive regard for someone when others are detracting.

   Assertion Training Group - response is modeled and discussed.

   Discussion Group - discussion of approach to presentation of response and of individual's right to express opinion.

Nonassertive behavior consists of violating your own rights by failing to express yourself effectively so that others are permitted to disregard your opinions and feelings. What comes across is : "My feelings don't matter. My thoughts aren't important."

Some examples of nonassertive behavior are :

1. Failing to say 'no' to a request when you want to ; e.g., asked to lend clothes.

   Assertion Training Group - response is modeled by trainers and discussed.

   Discussion Group - discussion of the error made in doing this and the loss of personal rights.

2. Failing to express opinion ; e.g., planning an activity.

   Assertion Training Group - response is modeled and discussed.

   Discussion Group - discussion of the loss of rights and loss of respect from others.

3. Apologetically requesting help ; e.g., with homework.

   Assertion Training Group - response is modeled and discussed.

   Discussion Group - discussion of self-effacing behavior and loss of respect.

Aggresssive behavior involves standing up for your personal rights and expressing your thoughts and feelings in a way that violates the rights of another person. What aggression behavior communicates is : "This is what I want. What you want is not important. What I think or feel is important. What you think and feel doesn't count."

Some examples of agressive behavior are :

1. Sarcastic response ; e.g., to sexist remark.

   Assertion Training Group - response is modeled by trainers and discussed.

   Discussion Group - discussion of consequences of such behavior and the lack of respect shown to others.

2. Putting a person down ; e.g., for making mistake.

   Assertion Training Group - response is modeled and discussed.

   Discussion Group - discussion of consequences of making people feel bad and lack of respect for them.

3. Hostile refusal ; e.g., to a request for help.

   Assertion Training Group - refusal is modeled and discussed.

   Discussion Group - discussion of others' rights in situation and the impression you make.

4. Hostile response to minor violation of rights ; e.g., disagreement over what to do.

   Assertive Training Group - modeled by trainers and discussed.

   Discussion Group - discussion of overreactive behavior and its negative consequences.

Being agressive is standing up for your rights in an inappropriate way. Aggression is just as unassertive as the nonassertive behavior we described. Often we find that a person is nonassertive again and again, each time feeling more frustrated and resentful and then losing her/his temper and being aggressive. When that happens, the person loses both ways.

A very important part of assertive behavior, of getting across to someone else, is the way in which we say things. Can you suggest some behaviors besides a person's words that we respond to? These nonverbal components of communication are : eye contact, loudness of voice, tone of voice, posture, facial expression, hand gestures.

Assertion Training Group - Trainers model example of inappropriate and appropriate use of nonverbal communication.

Discussion Group - Discussion of the consequences of appropriate and inappropriate use of nonverbal communication.

The point is that you put yourself across better when you make frequent eye contact, when you speak up, when you put expression in your voice, in your face, in your hands and by the way you hold your body.

Good eye contact does not require staring constantly into the other person's eyes : look into her/his eyes when you begin talking or when she/he begins talking ; allow your eyes to move away a bit but come back to near her/his eyes every now and then.

To keep good eye contact, you need to position yourself so that you show interest.

Your voice loudness and expression can make a lot of difference and will change the way you want, once you start to pay attention to it. So will your facial expression and use of hand gestures. These are all natural ways we have of expressing ourselves. Some of us get uptight about becoming more expessive, but you will find that a bit of practice is all you need.

Session 2

Personal Rights: In many situations, people are unsure about how they should act because they don't know or are unclear about what rights they have and what rights others have. It is important in any interaction to recognize what your personal rights are and also what rights others are entitled to.

One of the most basic personal rights we possess is the right to express an opinion, a belief, a need. However, we must be careful not to violate the personal rights of others; e.g., you have a right to disagree with someone concerning a particular issue, but you don't have the right to tell that person to 'shut-up' if her/his opinion differs from yours.

One of the major steps in becoming more socially skilled (assertive) is to be able to identify and accept your and others' personal rights.

We would now like you to think about what rights you feel you have. Call out any you can think of and we'll make a list of them on the blackboard.

Discuss the list (clarifying, adding to, deleting from, the list). Discuss the limitations on these rights and the responsibilities accompanying the rights.

Assertion Training Group - Exercise: Everyone imagine that you have one of these rights that you feel uncomfortable accepting. Now say to yourself, "I have the right to . . .", repeat this . . .

Now picture a situation where you have the opportunity to exercise this right. Everyone will have a turn describing and role-playing her/his situation with another person. After the role-play, you can tell us how you felt accepting this right and the other person can tell us how she/he felt.

Discussion Group - No exercise.

Both Groups — Homework assignment: Identify a situation in which a personal right has been violated. Recognize how the other person is violating your rights. Plan an assertive response to it. Try it out.

Session 3

Aggressive Behavior. Ask for instances of having been angered. One instance from each individual. Get detailed description of event and fit it into one of Lange and Jakubowski's (1976) categories listed below. Label each. Discuss examples to illustrate the sequence of events from recognition of violation - to anger feelings - to response.

Aggressive Behavior (The Causes) Explain in detail.

1. Feeling of being vulnerable to an attack (anticipated or actual); results from being threatened or a sense of powerlessness.

   e.g., direct accusation

   criticism

   put down (name calling)

   physical aggression

2. Prior Nonassertion

   A. Rights are frequently violated; hurt and anger build up until person feels justified in expressing these feelings and aggressively standing up for rights (straw that breaks camel's back--not going to let it go anymore).

   B. Aggression as a technique to induce guilt feelings in others so they exhibit more affection (makes other realise how inconsiderate she/he has been)--if you love me, you will soothe me.

      e.g., i. feeling ignored by friend so become hostile toward her/him.

      ii. parent makes child feel guilty for being late for supper.

   C. A way to prevent self from becoming nonassertive (increased pressure to give in).

3. Overreaction to a current situation because of some past unresolved emotional experience.

e.g., Told to perform a task - sounds like a command.

Parents always did this and provided little thanks for your compliance--made you angry; now situations where you're 'told' to do something really irritate you.

4. It's the only way to get through to other people.

5. You don't have assertive skills to handle situation appropriately.

Consequences of Aggression

What are the positive outcomes of being aggressive?

Positive (immediate)

1. emotional expression
2. sense of power
3. getting goals met without experiencing negative reaction from others

What are the negative effects of being aggressive?

Negative (long term)

1. losing or failing to establish close relationships
2. feeling one has to be constantly vigilant against attacks from others.

Person may eventually feel misunderstood, unloved

NOTE: Positive effects are only immediate.

All long-term effects are negative.

Assertion Training Group - Exercise: Ask each person to describe something she/he finds provoking. When each person has a provoking situation, have one of the other group members take the part of the provocateur, act out the situation just enough to permit arousal of annoyance.

Have the provoked person describe the feeling of anger.

1. the physiological changes

2. the thoughts about self and the other person that came to mind.

Continue until each member has had provocation experience and described her/his reactions to it.

Discussion Group - Discussion of feelings related to anger from personal experience : physiological changes and thoughts about self and other.

Both Groups - Homework Assignment : During the week, write down the situations that make you angry. Describe each situation in detail. Who (What) provoked you ; How did you feel ; What did you say ; What did you do?

Session 4

Rational Self-Analysis - Ellis' ABC Paradigm

1. Present rationale for teaching anger control.

2. Introduce Ellis' ABC Paradigm - Rational and Irrational Belief System.

What is it about some things that other people do or say that provokes our anger?

It is not so much what actually is said or done but how we interpret it--what it means to us--what we believe about it. Let's put it in terms of ABC's. 'A' is an Act of some sort, say someone calling you 'retarded'.

'B' is your Belief that it is unfortunate to be retarded, and 'C' is your emotional Consequence of feeling sad about yourself. You don't feel sad because you were called 'retarded'. You feel sad because you believe it's unfortunate to be retarded. Suppose your Belief is different--you believe that being called 'retarded' is dangerous and can cause you serious harm unless you take strong action. Then your emotional Consequence is anger.

These beliefs which are so important to our emotional reactions happen so quickly sometimes that we are not aware of them. They have become automatic. That makes it much harder to do something about them. What we want to do, as a first important step in learning to control our emotions, is to recognize how we are interpreting events that provoke us ; What we are saying to ourselves about what others do and say.

Assertion Training Group - Exercise : Ask each subject to think of a provoking situation. Have the S's role-play the situation. After the role-play, have the subject describe what she/he was thinking when the other provoked her/him. Discuss alternative ways of looking at the provocation.

Discussion Group: Have participants generate provoking situations. Discuss their perceptions of these situations and alternative ways of viewing or interpreting them.

Both Groups - Homework Assignment: During the week, write down the situations that make you angry. Describe each situation in detail. Who (What) provoked you; How did you feel; What did you think; What did you say; What did you do?

Session 5

Anger Control (Novaco, 1975)

Explain Principles of Anger Management :

1. Remember that you are a worthy person. You need not feel threatened by another's aggressive comments.
2. Stay task-oriented. Stay focused and stick to what must be done to get the outcome you want ; don't take things personally.
3. There are alternative ways of reacting to provocations that don't involve anger. Try an assertive response.
4. Recognize physiological signs of arousal. Try relaxing.
5. Use anger as an alerting signal. Use it to work to your advantage ; stay task-oriented and instruct yourself.
6. Becoming angry will not allow you to take control--only to lose control. You will only be in control if you take a problem-solving approach and stay calm.

Provide instruction in relaxation techniques.

Assertion Training Group - Trainers model anger management approach. Ask subjects to generate self-statements and ways to handle provocations.

Exercise - Have each subject role-play provoking situation and attempt to control anger. Trainers model when necessary and provide feedback and encouragement.

Discussion Group - Have subjects generate provoking situations and discuss how to apply anger management principles.

Both Groups - Homework Assignment : During the week, write down the situations that make you angry. Describe each in detail. Who (What) provoked

you ; How did you feel ; What did you <u>think</u> ; What did you say ; What did you do? Try to use the principles we have discussed in controlling your reaction and report the outcome.

Session 6

Negotiation Skills

Define : Negotiate - to deal or bargain with another

- to arrange to deal or bring about by discussion and settlement of terms

Situations often arise where both people involved in a conflict think they are right. In these situations, the best approach to resolving the conflict is to strike on a deal that both people feel is fair. Things can't always go our way. There are occasions when we have to compromise ; that is, settle differences by mutual concessions--where both people have to give up a little. This is what negotiation is all about. In this way the personal rights of both parties are preserved.

Say, for example, that two people want to watch different T.V. shows that are on at the same time, OR two individuals both go for the same chair as they enter a room. How would you negotiate a solution?

Assertion Training Group - Trainers model the negotiation process and reach a compromise. Have subjects role-play conflicting situations with aim to negotiate. Provide instruction and feedback on subjects' performances.

Discussion Group - Trainers describe the approach used in the negotiation process in the context of the two examples. Have subjects volunteer situations and discuss how they can reach a compromise by negotiating a deal.

APPENDIX F

COMPLETE SUMMARY TABLES OF ANALYSES OF COVARIANCE FOR SIX DEPENDENT BEHAVIORAL MEASURES

Analyses of Covariance

for Response Latency

	Source of Variation		
	Between	Within	Total
Sum of Squares: Y	.098	.585	.683
Sum of Squares: X	18.144	56.837	74.981
Sum of Products	-.519	1.577	1.058
Degrees of Freedom	2	9	11
Adjusted Sum of Squares: X	20.756	52.586	73.342
Degrees of Freedom for Adjusted Sum of Squares	2	8	10
Variance Estimates	$S_b^2 = 10.378$	$S_W^2 = 6.573$	
$F = 1.579$	NS		

Analyses of Covariance

for Response Duration

	Source of Variation		
	Between	Within	Total
Sum of Squares: Y	5.989	18.457	24.446
Sum of Squares: X	10.091	19.112	29.203
Sum of Products	4.948	14.207	19.155
Degrees of Freedom	2	9	11
Adjusted Sum of Squares: X	6.018	8.176	14.194
Degrees of Freedom for Adjusted Sum of Squares	2	8	10
Variance Estimates	$S_b^2 = 3.009$	$S_W^2 = 1.022$	
$F = 2.944$	NS		

Analyses of Covariance

for Eye Contact

	Source of Variation		
	Between	Within	Total
Sum of Squares: Y	.212	1.626	1.838
Sum of Squares: X	.254	2.222	2.476
Sum of Products	-.214	.827	.613
Degrees of Freedom	2	9	11
Adjusted Sum of Squares: X	.471	1.801	2.272
Degrees of Freedom for Adjusted Sum of Squares	2	8	10
Variance Estimates	$S_b^2 = .236$	$S_W^2 = .225$	
$F = 1.049$	NS		

Analyses of Covariance

for Loudness of Voice

	Source of Variation		
	Between	Within	Total
Sum of Squares: Y	.024	.392	.416
Sum of Squares: X	.093	1.840	1.932
Sum of Products	.041	.236	.277
Degrees of Freedom	2	9	11
Adjusted Sum of Squares: X	.05	1.698	1.748
Degrees of Freedom for Adjusted Sum of Squares	2	8	10
Variance Estimates	$S_b^2 = .025$	$S_w^2 = .212$	
F = .118	NS		

Analyses of Covariance

for Voice Intonation

	Source of Variation		
	Between	Within	Total
Sum of Squares: Y	.003	.775	.778
Sum of Squares: X	.129	1.332	1.461
Sum of Products	.015	-.055	-.04
Degrees of Freedom	2	9	11
Adjusted Sum of Squares: X	.131	1.328	1.459
Degrees of Freedom for Adjusted Sum of Squares	2	8	10
Variance Estimates	$S_b^2 = .066$	$S_W^2 = .166$	
F = .398	NS		

Analyses of Covariance

for Assertive Content

Source of Variation	Between	Within	Total
Sum of Squares: Y	.145	1.588	1.733
Sum of Squares: X	.351	.928	1.279
Sum of Products	.187	.473	.66
Degrees of Freedom	2	9	11
Adjusted Sum of Squares: X	.24	.787	1.027
Degrees of Freedom for Adjusted Sum of Squares	2	8	10
Variance Estimates	S_b^2 = .121	S_W^2 = .098	
F = 1.235	NS		