A REPORT OF A COUNSELLING INTERNSHIP AND A RESEARCH STUDY ASSESSING THE EFFECTIVENESS OF AN ASSERTION TRAINING PROGRAMME WITH AGGRESSIVE ADOLESCENTS AT THE ST. JOHN'S ADOLESCENT HEALTH COUNSELLING SERVICE

DEBORAH M. WADE, B.A., B.Ed.

A Report of a Counselling Internship and a Research Study Assessing the Effectiveness of an Assertion Training Programme with Aggressive Adolescents at The St. John's Adolescent Health Counselling Service

BY

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Department of Educational Psychology
Memorial University of Newfoundland

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ABSTRACT

This report provides a comprehensive description of a thirteen week, full-time counselling internship completed from April to July, 1987 at The St. John's Adolescent Health Counselling Service.

The report encompasses two areas:

1. A statement of the internship objectives and rationale, a description of the internship activities, and evaluation procedures which were in place during the internship.
2. A thorough literature review, and a report on the situation-based research problem which was developed, carried out and evaluated during the course of the internship.

The research study conducted during the internship intended to show that an assertion training programme implemented with a seven member group of aggressive male adolescents would be effective in demonstrating changes in assertive responses for the group members.

In order to assess these changes the Gambrill and Richey Assertion Inventory Revised (1985) was employed in a pre-test and post-test situation. Correlated t-tests were utilized to determine the amount of change on two

levels: the degree of discomfort the individual feels when faced with potentially threatening situations; and the probability that assertive responses would be utilized in daily situations.

This study found that the group members showed a significant difference in their 'degree of discomfort' measure after completion of the assertion training phase. On the second measure which was assessed, 'response probability', the difference was not found to be significant at the .05 level of confidence.

ACKNOWLEDGEMENTS

A sincere "Thank-You" is extended to: Dr. Alan Kenworthy, Ph.D., Counsellor/Clinical Psychologist who generously gave of his time and his knowledge in acting as the field supervisor for this project; Drs. Glenn Sheppard, Bruce Gilbert, and Bill Spain, faculty members in the Department of Educational Psychology who assisted in the development of the research study; Counsellors and staff at The St. John's Adolescent Health Counselling Service who continuously offered their assistance and cooperation; Dr. David Hart, a faculty member in the Psychology department who helped give me useful direction in running and assessing an assertiveness training group; and Gary, whose support has always been immeasurable and greatly appreciated.

This report, and all that has preceded it, is dedicated to my best friend, my mother, Theresa. Had I not witnessed her personal strength, and experienced her constant love and support, my life would have been void of any 'degree' of success.

CHAPTER 1

INTERNSHIP COMPONENT

1.1 Rationale for an Internship

Graduate students in the Educational Psychology program at Memorial University have two options in order to fulfill the requirements for a Master's degree; a thesis or an internship. A thesis involves the scientific investigation of a particular hypothesis related to a topic in which one is interested. It is expected that the question(s) being tested through the study contain some element of novelty so as to enhance one's area/field of study. An internship consists of a thirteen week continuous placement in a setting conducive to the professional growth of the intern. The opportunity for a variety of experiences pertinent to counselling must be available at such a setting so as to strengthen and to add to the competencies of the intern. One of the components of such an internship requires the interns to conduct a research project related to his/her field of study and his/her on-site experiences.

For this student, the internship option was deemed

most appropriate for five reasons:

1. Having previously had limited experience in actual counselling situations, the intern wished to gain practical experience in the field so that she could be better prepared to assume the role of a school counsellor.

2. The intern wanted to have an opportunity for direct consultation, supervision, and evaluation of counselling situations by professionally trained, experienced counsellors.

3. The intern had taught in a junior high school setting for the past five years and had the opportunity for a practicum placement with a counselling team in a junior high school setting. She wished to expand upon this limited experience by working in a community based counselling centre for adolescents.

4. The intern felt that additional experience with research related to the age group she planned to work with in the future would be challenging, relevant, and rewarding.

5. The intern was anxious to learn and to apply the latest developments in counselling techniques and theories.

1.2 Setting

The guidelines for completion of an Internship Program provided by the Department of Educational Psychology (1975) state that the setting must be capable of providing the intern with a variety of clients and experiences that are related to tasks judged to be part of

the role contemplated by the intern in his/her initial vocational placement.

The guidelines suggest that the following be considered in selecting the setting:

1. The quality of professional supervision.
2. The quality of learning opportunities and experiences.
3. The relevancy to, and usefullness of such experiences in the actual setting in which the intern ultimately expects to work.
4. The availability of time for full-time involvement of the intern for a minimum of thirteen consecutive weeks.
5. The availability of a qualified field supervisor on-site.
6. The ready access to the university supervisor. (Note 1)

The St. John's Adolescent Health Counselling Service was considered an appropriate setting primarily because of its philosophy and its objectives. The multi-disciplinary counselling service strives to positively influence the present and future health of the adolescent. The agency's philosophy, like this intern's, sees adolescence as a critical period for the development of attitudes, behaviour, and responsibility which influence health in

adult life. This philosophy also recognizes that the major determinants of adolescent health status are growth and development, lifestyle, and mental health, while these determinants are affected by the individual's social context, family, peers, and education.

The objectives identified for The St. John's Adolescent Health Counselling Service by the agency itself in keeping with guidelines put forth by the provincial Department of Health are:

1. To provide adolescents with counselling services and health promotion programs in growth and development, lifestyle, and mental health, as a complementary component of human services in St. John's.
2. To demonstrate and evaluate a community based model of preventative adolescent health services.
3. To provide consultative services to individuals involved in adolescent health care.
4. To provide community education programs regarding adolescent health problems.
5. To provide a centre for education and research in adolescent health care. (Note 2)

The St. John's Adolescent Health Counselling Service employed one full-time counsellor in addition to a multi-disciplinary staff available on a daily/weekly basis including physicians, nurses, nutritionists, psycho-

logists, psychiatrists, and social workers. The health care professionals at this setting dealt specifically with adolescents between the ages of 12 and 19 years, who had sought help themselves or had been referred by another source.

The counselling services provided to assist these adolescents in functioning more effectively included individual, group, and/or family counselling dealing with issues related to physical, mental, social, and/or emotional development. There were also programs offered for parents who wanted to learn more effective ways of communicating with their adolescent children.

For these reasons The St. John's Adolescent Health Counselling Service was chosen as an appropriate site for the internship by the intern herself. The choice was also approved by Drs. Bruce Gilbert and Glenn Sheppard, program advisors in the Department of Educational Psychology at Memorial University, and by Dr. Alan P. Kenworthy, Chairman of the Management Committee of The St. John's Adolescent Health Counselling Service.

1.3 Internship Goals

In choosing to complete an internship as partial fulfillment of the requirements for a degree in educational psychology, this intern wanted to learn as much as possible about the needs and the problems facing adolescents. This was an area of particular concern and interest to her as she planned to return to the junior-senior high school setting as a guidance counsellor. This internship provided her with techniques she could use in helping adolescents develop positive attitudes and behaviours in order to meet their own needs. With this general objective in mind, this intern had identified seven goals to be realized as a result of the internship experience.

1. To become more aware of her own strengths and weaknesses as a counsellor.

This was accomplished through: (a) regular evaluations by those involved with supervision of the internship; (b) keeping an accurate daily log of her experiences; (c) audiotaping counselling sessions for close self-examination and for analysis with her field supervisor; and (d) involvement with a range of the

services offered by The St. John's Adolescent Health Counselling Service.

2. To continue to be exposed to the many different theories and theorists of counselling and psychotherapy.

This was accomplished through: (a) extensive reading in the area of different counselling approaches; (b) discussions with other health care professionals involved with The St. John's Adolescent Health Counselling Service; (c) conducting both individual and group counselling; and (d) observing other counsellors' approaches to dealing with the concerns of adolescents.

3. To gain further experience in group dynamics.

This was accomplished through: (a) conducting a group in assertion training; (b) extensive reading in the area of group counselling techniques; (c) consultation with other health care professionals regarding the behaviour of individuals within groups; and (d) consultation with the co-leader/field supervisor immediately following each group session to evaluate group process.

4. To gain more experience in effective communication and dissemination of information to others, including both professional and adolescents.

This was accomplished through: (a) leading a group of adolescents in assertion training; (b) holding conferences with supervisors and other counsellors about counselling techniques/programs being utilized; and (c) making use of accepted counselling techniques, such as bibliotherapy.

5. To implement and evaluate a program which could add to The St. John's Adolescent Health Counselling Services' repertoire of available services and to obtain proficiency in completing research in practical settings.

This was accomplished through conducting a study on the effectiveness of an assertion training programme in eliciting changes in the assertive responses of aggressive adolescents.

6. To gain a greater knowledge of the type of programs and services which The St. John's Adolescent Health Counselling Service offers and to which the intern has had limited exposure.

This was accomplished through: (a) extensive reading in the areas covered by these programs, such as child abuse, stress reduction strategies, and eating disorders; and (b) discussing the theoretical orientation of the programs offered with other health care professionals at The St. John's Adolescent Health Counselling Service, such as group therapy for sexually abused teens and family therapy sessions.

7. To become familiar with the administration of a counselling centre.

This was accomplished through: (a) reading files which had already been completed; (b) observing the intake of new clients and the terminating contact with others; (c) observing other maintenance procedures with respect to record keeping and further contact with the referral source of a client; and (d) completing the intake of a new client and maintaining the file of follow-up sessions.

1.4 Internship Activities

This intern feels confident that the personal and professional goals which she had identified and hoped to

achieve through this internship experience have been satisfied.

During the placement, this intern had the distinct pleasure and opportunity to work and to consult with child and adolescent health care professionals highly respected in their field. These counsellors worked at The St. John's Adolescent Health Counselling Service in either a full-time or a part-time capacity and used their expertise to assist clients, each other, and counsellor interns. This intern was permitted to attend several sessions with various counsellors which exposed her to a variety of counselling styles and orientations. Observations made at these sessions afforded her the opportunity to integrate much of what she learned into her own counselling style.

The counsellors spoke to the intern of groups presently underway at The St. John's Adolescent Health Counselling Service and their role within them, and they expressed their interest in seeing new groups develop, such as the Assertion Training programme.

These counsellors identified some ethical considerations with which this intern had not previously been faced, and they also iterated others which they

felt were important. Upon request, they also offered the intern numerous perspectives on personal cases she encountered and others in which she expressed an interest. They also encouraged her to formulate and to express freely her own ideas.

The counsellors at The St. John's Adolescent Health Counselling Service were:

Alan P. Kenworthy, Ph.D., Psychologist
David Aldridge, M.D., M.R.C. Psychiatry, F.R.C.P., Child and Adolescent Psychiatrist
Delores Doherty, M.D., F.R.C.P., Child and Adolescent Psychiatrist
Debbie-Sue Martin, M.N. in Mental Health and Psychiatric Nursing
Richard Morris, B.Sc.
Paula Rodgers, M.S.W.

Some of these counsellors also gave or recommended specific written/audio/video material to assist in the expansion of this intern's knowledge of existing therapies or particular problem areas. For example, on June 26, 1987, at the suggestion of Richard Morris, a counsellor at The St. John's Adolescent Health Counselling Service, this intern viewed a two-hour film demonstrating the effective use of "Redecision Therapy" (Note 3). This type of

therapy was developed in the early 1980's as a blend of Gestalt Therapy and Transactional Analysis. The film was produced by the International Transactional Analysis Association in California (1986) and was co-hosted by Bob and Mary Goulding.

Some of the texts and papers which were made available to the intern and utilized throughout the thirteen week placement are listed in Appendix A.

The St. John's Adolescent Health Counselling Service also had available other resource material in the form of journal articles, press releases, and educational packages covering topics which affect adolescents in some way. Some of the subjects covered within these files were: suicide, homosexuality, marital violence, self-concept formation, stress reduction, and the nature of loss. Counsellors at The St. John's Adolescent Health Counselling Service were encouraged to add any related material to already existing files and/or to compile new ones. This intern contributed to this valuable resource by compiling a new file on the topic of **AIDS**. This file included an annotated bibliography of recent articles published in educational journals and magazines, a brochure distributed to Newfoundland and Labrador school

children by the provincial Department of Education, and a handbook written and compiled by James D. Greig (1987) entitled: AIDS: What Every Responsible Canadian Should Know.

The St. John's Adolescent Health Counselling Service housed another set of extremely useful files which listed all of the known services available to adolescents within the city of St. John's. These services ranged from those run by church and school organizations to agencies sponsored by the provincial Department of Social Services. It was the responsibility of this intern to update these files which she did mostly through telephone contacts. On two occasions, however, she visited new services which had begun within the city during the previous eight months, and new files were developed accordingly.

The newest agencies which offered services to adolescents were: The Br. T.I. Murphy Learning Resource Centre and Patrick House. The Br. T.I. Murphy Learning Resource Centre (Note 4) was established in September 1986 as an educational facility giving high school dropouts a second chance at obtaining a high school diploma. Patrick House (Note 5) is a temporary shelter for homeless women. The visit to Patrick House was made in conjunction

with an information-giving meeting presented by Mr. Richard Morris prior to the official opening of the shelter and designed to make new staff members of Patrick House aware of the services available for their residents at The St. John's Adolescent Health Counselling Service.

A very important and beneficial aspect of working at The St. John's Adolescent Health Counselling Service were the bi-monthly case review meetings. These sessions brought together the seven resident counsellors and counsellor interns for two hour periods during which they discussed general business related to the smooth operation of The St. John's Adolescent Health Counselling Service such as student placements, ethical issues, new developments in the counselling arena, and problems or progress in individual or group cases. This intern participated in seven such case review sessions and during one of them was responsible for presenting two of her own cases.

The purpose for this exercise was to give the intern an opportunity to identify aspects of a case she found problematic. The counsellors, in turn, offered her alternative ways of viewing the situation which allowed

her to deal more effectively with the client involved. In a later case review session, the intern updated the counsellors as to the progress of the cases previously presented.

Confidentiality was a very important issue at The St. John's Adolescent Health Counselling Service at all times. Case review sessions were no exception. Client anonymity was ensured at such times by using only the first name of the client, the file number, or a pseudonym.

This intern's caseload included eight full-time clients interested in individual counselling, four male and four female. There was also one other female client who was either seen at the office or spoken with on the telephone over a three week period while another counsellor was on vacation. While continuing to meet with three of the adolescents (two female, one male) for individual counselling, the intern also saw their families for family therapy.

The problems shared with this intern were as varied as the clients themselves. There were problems of sexual abuse, aggressive behaviour at home, drug abuse, lack of assertive behaviour, high anxiety, lack of good

peer-relationships, unrealistic outlook on existing problems/future, and lack of effective communication patterns within the family of origin.

Generally, all clients (and/or anyone close to the adolescent who may have had to be consulted) were seen at The St. John's Adolescent Health Counselling Service with the exception of those few who requested that they be met outside the office for personal reasons. One student in particular, who was referred by his teacher, preferred to be seen weekly at his school. Arrangements were made with his teacher and his school counsellor so that he could be accommodated. The intern also accompanied Dr. D. Aldridge to a local junior high school and observed his assessment of a dyslexic student in an environment that was comfortable and non-threatening for the client.

To each individual client, the intern was responsible for identifying the services available at The St. John's Adolescent Health Counselling Service, explaining limitations which could be placed upon the client-counsellor relationship (such as the issue of confidentiality), conducting intake interviews and follow-up sessions, sending acknowledgement letters to those referral agents who recommended The St. John's

Adolescent Health Counselling Service to the individual in the beginning, and sending termination letters to those same persons when the intern's placement was completed. In addition to such written memoranda, all counselling sessions and/or telephone conversations pertaining to a particular client had to be recorded in the client's file. Comprehensive records, such as these, allowed for the continued counselling of a client with another counsellor if necessary.

At The St. John's Adolescent Health Counselling Service, records were also kept of groups which had been or were presently being conducted by counsellors there. The intern was granted access to these records and was also able to speak with those counsellors responsible for running the groups. There had been a group for parents called Step-Teen, and groups for adolescents who had been victims of: sexual abuse, marital violence, separation and divorce, and high stress and anxiety.

Similarly, upon completion of each session of the Assertion Training group co-lead by the intern, she was responsible for documenting group process and progress in a file to be kept at The St. John's Adolescent Health Counselling Service for future reference.

During the thirteen week placement, the intern also had the opportunity to attend two seminars as a representative of The St. John's Adolescent Health Counselling Service. Both seminars were directed toward professionals in the city who would have a role to play in the development of programs for children and adolescents. The first was given at The St. John's Adolescent Health Counselling Service by the visiting Director of Child and Mental Health Services in Manitoba, Dr. K. Sigmundson, and the second was presented by the Status of Women's Council at a local hotel.

1.5 Supervision of the Intern

The responsibility for the supervision of the intern was largely conducted by the field supervisor, supplemented through consultation with the university supervisor.

The role of supervisor carried with it certain requirements and responsibilities. The Department of Educational Psychology stipulated that the university supervisor should (Note 6):

1. be professionally trained in the area of guidance and counselling and indicate an interest in counsellor training;

2. have sufficient time to consult regularly with the intern;

3. be responsible, in consultation with the field supervisor, for directing the preparation and evaluation of the report on intern activities;

4. not supervise more than one intern during a semester in which he/she has full-time teaching responsibilities; and

5. meet with the field supervisor midway through the thirteen week placement in order to assess the intern's progress and to make appropriate recommendations.

According to the same guidelines established by the Department of Educational Psychology, the field supervisor should (Note 6):

1. hold a Master's degree or its equivalent appropriate to the work of the intern, or appropriate experiences as determined by the Department;

2. have a minimum of two years experience in the field or its equivalent as determined by the Department; and

3. be involved full-time in the counselling service to consult regularly with the graduate student.

Recognizing that the evaluation of a counsellor intern may prove to be a formidable challenge to some

supervisors, there were basic principles which applied to all supervisory positions (Note 7).

1. The intern's behaviour should be observed in a variety of appropriate professional activities. For example, individual and group counselling, communication of the counsellor's function to others - both professionals and clients.

2. Evaluation of the intern's interpersonal effectiveness should be primarily based on actual observations.

3. Evaluation should be ongoing and involve suggested action designed to remedy any specific deficiencies, in addition to critical assessment of the counsellor's competencies.

4. The evaluative process should involve the intern and feedback to him/her must be focused, specific, and supplemented with behavioural evidence.

5. The intern should also have set specific and operationalized short and long-term professional goals.

6. Supervision should assist the intern in developing an independent, continuing commitment to professional self-examination.

The intern viewed the evaluation of her professional activities by the field supervisor as an excellent opportunity for constructive critical assessments and consultations. Alan Kenworthy, who holds a Ph.D. in Psychology, has worked in clinical settings counselling children, adolescents, and their families for fifteen years. As a direct result of the evaluative process

carried out by Dr. Kenworthy, this intern was able to better formulate and gain more confidence in her personal style and professional orientation.

Having been awarded the greatest responsibility for the evaluation of the intern, the field supervisor met with this intern on a weekly basis for approximately three hours to discuss individual cases and to evaluate group process. These scheduled weekly sessions were also used to review any audiotaped interviews she had conducted with clients on her own, at which time assessments were made regarding the counselling style/ability she displayed. In addition to these scheduled time periods, the field supervisor made himself available on numerous other occasions to answer questions of concern to the intern.

A taping policy was rigidly adhered to at all times by the counsellors at The St. John's Adolescent Health Counselling Service. This policy was in keeping with the guidelines pertaining to the audio/video taping of clients put forth by the Canadian Guidance Counselling Association (Note 8). The association states:

1. A counsellor or practitioner's primary obligation is to respect the integrity and to promote the welfare of the client with whom he/she is working.

2. The counselling relationship and information resulting from it must be kept confidential in a manner consistent with the obligations of the counsellor or practitioner as a professional person.

3. Records of the counselling relationship, including interview notes, test data, correspondence, tape recordings and other documents, are to be considered professional information for use in counselling, research, and teaching of counsellors, but always with the full protection of the identity of the client and with precaution so that no harm will come to him/her.

4. The client should be informed of the conditions under which he/she may receive counselling assistance at or before the time he/she enters such a relationship. Particular care should be taken in the event that conditions exist about which the client would not likely be aware.

Prior to each taping session, clients were asked their permission for the intern to record the interview, were informed of exactly who would hear the recording afterward, and were told of the purpose for doing this.

The field supervisor attended several interviews with the intern in order to determine how she dealt with both new, first-time clients, and with 'older' clients whom she had seen on previous occasions. He was able to evaluate the intern's professional performance at the case review sessions which were held bi-monthly with other counsellors at The St. John's Adolescent Health Counselling Service and he also had the opportunity to evaluate any

documentation she made on a client's file.

1.6 Research Requirement

One aspect of the internship activities centered around the organization, implementation, and evaluation of an assertion training programme with the field supervisor as co-leader. This intervention strategy was aimed at adolescents who exhibited varying degrees of interpersonal aggression as a means of dealing with potentially frustrating situations in their lives.

Assertion training can be implemented successfully using either individual or group counselling, yet much of the literature favours the group process (Jakubowski & Lange, 1978; Lange & Jakubowski, 1976; Liberman, King, DeRisi, & McCann, 1975; Linehan & Egan, 1983; and Rimm, Hill, Brown, & Stuart, 1974). The present study employed a group approach, in keeping with the following suggestions presented in Lange and Jakubowski (1976, p. 3):

1. Assertion trainees often can more easily accept assertion rights when other group members provide their own rationales for accepting these rights and give examples of how they have assertively acted on such rights.

2. The group members may engage in nonassertive and aggressive behaviours which would not occur in individual training and these real-life behaviours can be worked on immediately within the group.

3. Individuals in the group can practice assertive responses with a variety of people in the group. This may facilitate the generalization of practices assertive behaviours to others outside the group.

4. The group can often devise creative responses which had not even occurred to the trainer. In addition, members' assertive skills may be strengthened through their modeling assertive responses for another group member.

5. In groups there are more people available to encourage and to reinforce a member's assertion attempts. Getting reinforcement from several peers at one time usually makes a greater impact on an individual. In addition, some group members accept reinforcement from other group members more easily than they accept similar remarks from a leader.

While conducting the assertion training group, the intern observed the guidelines for ethical behaviour as summarized below (Lange and Jakubowski, 1976).

1. Adolescents who particpate in assertion groups often cannot behave assertively without severe recriminations from their parents or other persons exercising control. Therefore, it would be the leader's responsibility to discuss these realities with the group members and to work on situations in such a way that they can maximize the likelihood of being assertive at a level which minimizes the potential of punishment.

2. Adolescents who participate in assertion groups may experience distinct changes in their interpersonal interactions with others. The leader must be prepared to offer consultation, counselling, or make referrals for persons who are closest to the individual group members, who are witnessing the change in a member's behaviour, and who may have a need to understand it more.

3. Adolescents who participate in assertion groups may also notice changes in their own attitudes and behaviours and need to know how to assess the effect that their new-found assertiveness has on their relationships with others, and to help them deal with the reactions of intimates.

4. Adolescents always need good role models. The leaders' responsibilities include being good models by acting directly and honestly, and by respecting the personal rights of others.

5. Adolescents should be permitted to participate in the group process on a voluntary basis.

6. Adolescents, as members of the assertion groups, should be informed by the leader what is expected of them and what is or is not likely to happen during the group process.

7. Adolescents should be screened before becoming members of the assertion training programme so as to exclude persons who are not seeking such an experience or who need more intensive, individual therapy. Additionally, group leaders must be careful not to go into in-depth psychotherapy when assertion training is planned.

8. Group leaders should be experienced in conducting assertion groups and be prepared to respond effectively to the variety of dysfunctional dynamics which might occur (such as emotional reactions, disruptions, attention-seeking behaviours).

Statements of Significance

Five statements of significance were developed by this researcher - regarding the proposed research project.

SCHOLARLY SIGNIFICANCE: The procedures in the implementation of this assertion training programme with aggressive adolescents will be available to other clinicians to effect long-term behavioural and attitudinal change in the same client population.

RELEVANCE TO EXISTING RESEARCH: The study will add to other research aimed at teaching new skills to individuals who act in ways which infringe upon or deny the rights of others and are socially unacceptable.

PRACTICAL SIGNIFICANCE: If the assertion training programme is successful, it will provide practicing counsellors with a tool to use with aggressive adolescents in the school and at The St. John's Adolescent Health Counselling Service.

SOCIAL SIGNIFICANCE: If the programme is successful, it will provide a useful resource to these aggressive adolescents which they will be able to utilize in all

areas of their lives. By learning to express themselves in less aggressive ways, these adolescents may be less aggressive as adults.

PERSONAL SIGNIFICANCE: This researcher will benefit from conducting such a group with aggressive adolescents. She will learn more about group process and group dynamics. She will learn how to effect some degree of change in the assertive responses of these individuals. She will also learn more about the strengths and limitations of her own counselling ability.

CHAPTER 2

RESEARCH COMPONENT

2.1 Introduction

The subject of aggressive, violent behaviour in adolescence has become a matter of increasing social concern, and the treatment of such behaviour is a problem of enormous complexity. Aggression has been defined by many different people in many different ways. Buss (1961) viewed aggression as an instrumental response that delivers, or attempts to deliver, a noxious stimulus to another person in physical and/or verbal form to cause pain or injury. The expression of unrestrained aggressive behaviour has serious implications for the individual, the family, the school, and the community since it frequently involves the legal system. Evidence has suggested that juvenile delinquents, for example, who act in anti-social ways have 30% more arrests and serve more time in jail than the 'normal' population (43% as compared to 13%) and that, of those arrested, 85% are rearrested (Robbins, 1966).

An investigation of youth-police interactions by

Werner, Minkin, Minkin, Fixsen, Philips, and Wolfe (1975) revealed that juveniles who had appeared before a court presented themselves in a less polite, more uncooperative, and generally more aggressive fashion than youths who had never come to the attention of the courts. Keith (1984) also found that aggressive adolescents often became aggressive adults and tended to experience more trouble in other areas of their lives. Keith's (1984) study further suggested that children of such aggressors lead more troubled lives as well.

Since the pioneering work of Aichhorn (1935) and Healy (1936), a considerable body of knowledge has grown about the characteristics of children and adolescents who exhibit impulsive [aggressive] behaviour. As a result, aggression has been viewed simultaneously as an inherent part of humans, necessary for their survival, and as a societal product.

According to Jones (1980), unproductive behaviour such as aggression, is caused by the interaction of an environment that fails to meet adolescents' legitimate needs. The literature written to date dealing with aggressive adolescents has suggested many needs which must be met if adolescents are to behave in productive,

socially acceptable ways. Jones (1980) has summarized many of these into the three global needs of: SIGNIFICANCE, COMPETENCE, and POWER. He identified these needs as a direct response to the developmental changes which occur during adolescence. Everyone has experienced the need to be valued and liked by others. However, there are several characteristics of adolescent development that intensify this concern. As they are experiencing and adapting to physical changes, they are simultanously developing new cognitive skills which enable them to analyze their own thoughts and feelings and those of others. This combination of changes causes an increase in their level of self-consciousness. Associated with such intensified self-consciousness is the fact that adolescents have a less stable sense of who they are but a strong desire to experience greater independence and responsibility. As they move through adolescence, young people have an increased need for positive and supportive interactions with peers and adults, to establish a feeling of success or competence related to tasks that society defines as valuable, and to understand and control their environment.

Jones (1980) felt that if these needs are not met within the adolescent's home or school, then by behaving

in an aggressive manner, the adolescent could experience a sense of his/her own limits and standards, or the feeling of control that comes from the knowledge that his/her behaviour can predictably frustrate adults and/or peers.

Research conducted by Ahlstrom and Havinghurst (1971) has shown that the relationships within one's home, between individual family members, appear to be more important than whether or not the family stays intact. Unfortunately, the majority of adolescents experiencing serious behaviour problems come from environments in which security, mutual concern, and respect are lacking. As a result of this lack of security, support, and involvement in their familial experiences, aggressive adolescents tend to have low self-esteem and to experience difficulty in establishing meaningful, mutually satisfying relationships in other social settings. Their energy to get what they need/want as soon as possible and in any way possible stems from the fact that their gratification of needs is over-delayed (Martinez, 1979). Due to such detached familial relationships, Martinez (1979) also suggested that these adolescents are not encouraged or helped to understand and to accept basic values and standards of the world around them.

Keith (1984) stated that an adolescent's aggressive behaviour occurs in response to his/her way of perceiving or understanding a threatening or frustrating event. Behaviour problem adolescents often act inappropriately because they have not developed attitudes and skills that enable them to respond productively to the demands associated with even the best learning or living conditions.

In his psychological analysis of violence, Toch (1969) identified the aggressive individual as one who is generally deficient in verbal and other social skills. He stated that without sufficient interpersonal strategies for coping effectively with provocations, the skills deficient individual frequently resorts to aggressive and violent acts to preserve integrity and self-esteem. Similarly, Ollendick and Hersen (1979) found that high recidivism rates which occurred in juvenile delinquents were caused by a lack of even the very basic of interpersonal skills. In an analysis of skill deficits in both delinquent and non-delinquent boys conducted by Freedman, Rosenthal, Donahue, Schlundt, and McFall (1978), it was found that the two groups differed significantly in their level of social competence. The investigators

reported a direct relationship between social skills deficits and interpersonal difficulties.

The implication from such observations is that aggressive individuals do not act appropriately and/or effectively in different social situations because of a paucity of interpersonal and basic social skills. These individuals have either not learned appropriate ways of interacting or have maintained inappropriate behaviours through contingent reinforcement.

Jones (1980) suggested that in many cases adolescents' unproductive behaviour is based on a lack of such skills as effective use of time, assertiveness, and interpersonal communication. Many researchers also suggested that learning is a major influence on what activates aggression and how aggression is inhibited and replaced by other responses (Martinez, 1979; Jones, 1980; and Keith, 1984). It has been widely accepted that through education a person can learn to alter his/her aggressive thought processes and behaviour patterns.

Programs for aggressive adolescents have frequently focused almost exclusively on reducing the "acting out" behaviours that society has found most annoying or

threatening (Jones, 1980). While this researcher recognized the necessity for reducing these aggressive behaviours, she also recognized that equal or greater attention must be placed on assisting these young people in developing skills necessary for functioning effectively in any environment. Many programs for behaviour problem adolescents fail, not because the behavioural perscriptions are poorly written or the rewards ineffective, but because the adolescent does not possess the basic interpersonal skills necessary for functioning effectively (Jones, 1980). Consequently, any attempt to assist adolescents in effectively coping with their environment(s) must include a well conceptualized and thoughtful approach to teaching these skills.

To summarize, assertiveness training, a treatment strategy developed to help individuals improve their interpersonal effectiveness by teaching new communication skills, seems to be a useful technique for helping aggressive adolescents learn more socially acceptable behaviours.

2.2 Improving Interpersonal Skills through Assertion Training

The personal problems that people face every day frequently stem from their inability to express their feelings or to communicate their interests and desires to others (Liberman, King, DeRisi, and McCanne, 1975). In this respect, aggressive adolescents are no different. According to Liberman et al. (1975, p. 2), individuals have problems dealing effectively with others in interpersonal situations for two reasons:

1. because of a lack of exposure to good role models they have never learned to act in socially acceptable ways; and
2. anxiety evoked in the situation interferes with and inhibits their ability to perform effectively, which ultimately limits the social reinforement they could receive.

Bandura (1973) and other social learning theorists believe that people will persist in displaying ineffective behaviours until they learn more effective ways to handle situational demands. In his study of aggressive behaviour, Bandura (1973, p. 253) indicated that such inappropriate behaviour can be learned and modified if the individual is provided with:

1. alternative ways of responding - by way of having others model more effective behaviour patterns;

2. an opportunity for practice and guidance when attempting new behaviours; and

3. rewards for making successful attempts to act more appropriately.

Assertiveness training can provide this learning opportunity. An effective assertion training programme incorporates the three components identified by Bandura (1973) as being necessary, with a variety of other learning techniques: instruction, modeling, role-playing, social reinforcement, and homework assignments (Dawley & Wenrich, 1976; Galassi & Galassi, 1977; Jakubowski & Lange, 1978; Lange & Jakubowski, 1976; and Liberman et al., 1975).

Assertiveness has been defined as behaviour which enables a person to act in his/her own best interest, to stand up for himself/herself without undue anxiety, to express his/her feelings comfortably and honestly, and to exercise his/her own rights without denying the rights of others (Alberti & Emmons, 1974). Lange and Jakubowski (1976) identified the goal of assertion as communication and "mutuality", that is, to give and get respect, to ask for fair play, and to leave room for compromise when the

needs and rights of two people conflict. In such compromises, neither person sacrifices integrity, and both get some of their needs satisfied. According to these authors, assertiveness training should incorporate four basic procedures (p.2):

1. teaching people the differences between assertion and aggression and between non-assertion and politeness;
2. helping people to identify and to accept their own personal rights and the rights of others;
3. reducing cognitive and affective obstacles which exist and which interfere with a person's ability to act assertively (irrational thinking, excessive anxiety, guilt, anger); and
4. developing assertive skills through active practice methods.

The effective application of assertiveness training as a means of improving an individual's interpersonal functioning has been demonstrated in a number of studies. The client populations have included: 7th graders involved in a drug education program (Dupont & Jason, 1984); married couples (Gordon & Waldo, 1984); children with facial tics (Mansdord, 1986); bulimic college students (McCanne, 1985); autistic adolescents (McGee, 1984); juvenile delinquents (Ollendick and Hersen, 1979);

and adolescent girls' degree of self-esteem (Stake, Deville, & Pennell, 1983).

2.3 Review of Related Literature

The research on the practicality of assertiveness training has also been extended to the treatment of aggressive individuals. A brief review of some studies will demonstrate the effectiveness of this approach to the modification of aggressive behaviours through more effective communication.

Wallace, Teigen, Liberman, and Baker (1973) combined the use of assertiveness training and contingency contracting in an uncontrolled, single case study. The purpose of the training programme was to reduce the violently aggressive behaviour in a 22 year old institutionalized male. The assertiveness training programme incorporated 25 situations relating to four specific problem areas that were potentially frustrating for the subject, and role playing these situations at least twice. The contract used specified that home visits would be contingent upon his unaggressive behaviour for seven consecutive days. The authors concluded that although both independent variables had an effect on

decreasing the subject's aggressive outbursts, assertive behaviour was effective and generalized, since the subject's behaviour remained appropriate for up to nine months after treatment in situations where non-aggression contingencies could not be utilized.

A group assertiveness training programme was used with seven males who reported a history of expressing anger in an inappropriate or anti-social manner. In this study the investigators, Rimm, Hill, Brown, and Stuart (1974), compared the results of an intervention strategy with both a control and an experimental group. The six member control group received 10 hours of treatment which involved talking about and obtaining an understanding of one's own anger in order to learn to deal with and control aggressive behaviour. The experimental group received 8 hours of training from the same experimenters, but it involved role-playing anger-inducing situations. On subjective measures of discomfort and anger, the experimental group rated themselves as feeling more comfortable when delivering their responses and as experiencing less angry 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 experimental group showed significantly greater improvement than the control group. This study also provided support for the value of presenting assertiveness training to a group.

In another individual case study, Foy, Eisler, and Pinkston (1975) attempted to reduce the verbal abusiveness and to improve the interpersonal functioning of a 56 year old male who was prone to explosive rages in a variety of social situations. The therapists employed modeling techniques and focused instruction in the assertiveness training programme. The subject's responses to a role-play test were videotaped and assessed for frequencies of four verbal behaviours (hostile comments, irrelevant comments, compliance, and requests for behaviour change). The results showed a decrease in hostile comments, irrelevant comments, and compliance, and an increase in his ability to make appropriate requests. These types of changes were generalized into the subject's environment as the new responses were exhibited over a six month period.

In a similar study, assertion training was used to modify abusive verbal outbursts displayed by two adult psychiatric patients (Frederiksen, Jenkins, Foy, & Eisler,

1976). These therapists implemented an assertion training approach which consisted of behaviour rehearsal with modeling, focused instruction, and feedback in an effort to change five target behaviours (looking, irrelevant comments, hostile comments, inappropriate requests, and appropriate requests). The training programme was found to have a positive effect as all target behaviours were generalized to novel role-play scenes and interpersonal situations on the hospital ward.

The same type of intervention strategy has also been utilized successfully with aggressive adolescents in the school setting. In a study conducted by Huey (1979), 48 high school students were randomly assigned to either an assertion training, discussion, or no-treatment control group. Following a short-term (six-week), structured treatment phase, those students in the assertion training programme showed a significant reduction in aggressive behaviours, as assessed by classroom teachers. This same study also showed that the group assertion training programme implemented has been empirically validated through the utilization of both professional counsellors and peer counsellors as group leaders.

Similarly, Wood-Pentz (1980) examined the effects of

assertion training and trainers on 90 adolescents selected for their unassertive or aggressive behaviour with teachers. Structured Learning Training (SLT) was compared with an instructions condition and a no-treatment condition on self-report and in vivo measures of assertive behaviour. For SLT groups, trainers were varied for their situational similarity to teachers. The results indicated that SLT improved assertive behaviour in teacher situations, and the effects were generalized to situations involving novel teachers, parents, and students and to the in vivo test as a one-week follow up. The SLT with teacher trainers, it was found, also produced more assertive behaviour in teacher situations than did all other groups. However, the results also suggested person and situation specificity of behaviour.

In a follow-up to her 1980 study, Pentz (1981) examined the relative contribution of training variables (modeling mode and training stimuli) and individual difference variables (verbal reasoning, state anxiety, and pretraining behaviour) to assertion training outcome in 61 adolescents selected for their unassertive or aggressive behaviour with teachers. Stepwise multiple regression analyses were conducted on cognitive (level and strength of self-efficacy) and behavioural (role play) measure of

assertiveness. The results indicated that individual difference variables, particularly verbal reasoning and state anxiety, accounted for substantially more variance than training variable. According to the researcher, these results suggested that student differences in verbal aptitude and anxiety have important implications for prescriptive social skills programming in schools, and that other individual differences and environmental variables should be explored for their contribution to training outcome.

In a study investigating the effects of group assertive training on black aggressive adolescents, Huey and Rank (1984) also compared the effectiveness of professional and peer counsellors as trainers. The researchers selected 48 male subjects for their aggressive classroom behaviour. The young men were then randomly assigned to professional or peer counsellor assertive training groups, professional or peer counselling discussion groups, and a no-treatment control group. All subjects were administered a pre-test and a post-test battery measuring assertive skill, anger level, a projective assessment of aggression, and classroom aggressive behaviour. The results suggested that professional counsellors and peer counsellors were equally

effective in teaching assertive skills and that subjects who learned assertive responses exhibited significantly less aggressive behaviour. In addition, subjects were equally satisfied with peer or professional counsellors as group facilitators.

It was apparent from the studies cited above that assertion training had been a useful intervention strategy in teaching aggressive individuals to deal more effectively with frustrating situations in their lives.

2.3.1 Purpose of the Present Study

The purpose of the present study was to continue the investigation of assertion training as a treatment strategy for modifying the inappropriate social behaviours of aggressive adolescents. The particular programme which was implemented incorporated the behavioural learning procedures suggested by Lange and Jakubowski (1976): instruction, feedback, modeling, behaviour rehearsal, social reinforcement, and homework assignments.

2.3.2 Hypotheses

There were two hypotheses tested in the present

study. First, it was hypothesized that as a result of the assertion training programme, group participants would demonstrate a positive change on a measure of 'degree of discomfort'. Secondly, it was hypothesized that as a result of the assertion training programme, group participants would demonstrate a change on a measure of 'response probability'.

These two measures, 'degree of discomfort' and 'response probability', were scales used by Gambrill and Richey (1975) in their original study testing their assertion inventory as a valid measure of assertion skills with adults.

The 'degree of discomfort' measure was used because it was assumed that one's aggressive behaviour would diminish once he/she felt more comfortable in potentially frustrating situations. As Liberman et al. (1975) reported, one reason that individuals had problems dealing effectively with others in interpersonal situations was because anxiety evoked in the situation interfered with and inhibited their ability to perform effectively. If these individuals learned to be more comfortable, then the likelihood that they would act in more assertive ways would be enhanced. Such was the case in the study

conducted by Foy et al. (1975), as they attempted to reduce the verbal abusiveness and to improve the interpersonal functioning of an adult male who was prone to explosvie rages in a variety of social settings. Immediately following the treatment phase and up to six months later, this subject showed a decrease in hostile and irrelevant comments and compliance, and an increase in his ability to make appropriate requests.

The 'response probability' measure was the judged probability of engaging in particular behaviours. This measure was used in the present study because it indicated the likelihood that specific assertive responses would be employed when a person faced potentially frustrating interpersonal situations. Individuals who became more comfortable with and who gained more confidence in the use of assertion skills would, in turn, be encouraged to make repeated use of such responses.

The distinction between one's discomfort level and the likelihood that he/she would behave assertively in future situations was also important to consider since different combinations of these two factors could necessitate different behaviour change procedures. For example, a person might experience high discomfort but

engage in assertive behaviours nonetheless, or, such discomfort could be coupled with avoidance behaviour. If assertion is displayed in spite of high discomfort and is followed by positive consequences, it is likely that a repertoire of appropriate behaviour exists. If, however, assertion does not occur, behaviour deficits may be involved.

CHAPTER 3

RESEARCH DESIGN

3.1 Methodology

3.1.1 Subjects and Setting

This study, using assertion training with aggressive adolescents, was undertaken as one component of an internship at The Adolescent Health Counselling Service in St. John's, Newfoundland.

The subjects in this study were seven male adolescents between the ages of 14 and 17, (mean age = 15) who exhibited interpersonal aggression either in the school or home setting. Initially, there had been ten people recommended for the group, including two females. Same-sex group membership was deemed more appropriate since evidence suggested that same-sex groups improved more after training than mixed-sex groups because they experienced greater cohesiveness and self-disclosure during the training process (Brummage & Willis, 1974 - cited in Lange & Jakubowski, 1976).

Recruitment of subjects was conducted on a referral basis from counsellors at The St. John's Adolescent Health Counselling Service and Transition House.

Once potential group members were identified, the referral agent made the initial contact with the individuals to inform them of the referral. Then, this intern/researcher made contact with the adolescents and their parents personally in order to obtain their consent. Individual interviews were conducted for each potential participant prior to the commencement of the training program so as to familiarize them with the purpose of assertiveness training, the approach to be used, the description of behaviour problems to be addressed, and the goals of the group.

This individual interview also helped to determine a member's suitability for inclusion in the group. Acceptance as a group member was contingent upon the individual's apparent motivation to change, willingness to learn new skills, commitment to work, willingness to share feelings and thoughts, realistic expectations, and interest in the group's goals and intended process.

To ensure that potential group members were committed to the task, each individual was asked to sign a contract stating his intention as a participant in the program. In signing such a contract, the potential group member was asked to practice the newly-learned assertive skills daily, to do homework assignments when given by the group leaders, to be active members of the group, and to try to attend all sessions. This procedure allowed him to understand more fully his decision-making power (to participate or not) and his commitment and responsibility to the group process.

3.1.2 Procedure

The assertion training programme took place in six-90 minute sessions, from 3:30 - 5:00 p.m., Tuesday afternoons during June, July, and August at The St. John's Adolescent Health Counselling Service. Each session was structured and involved a blend of instruction, modeling (by the co-leaders, Deborah Wade and Dr. Alan Kenworthy), discussion by group members, role-play practice sessions, homework activities, and record keeping (a log of situations related to one's ability to respond assertively).

The focus and activities of the group were decided upon prior to the beginning of the sessions by the researcher in consultation with her field supervisor/co-leader. A summary of each week's programme plan can be found in Appendix B.

Time was set aside at the beginning of each session for group members to share their experiences from the previous week as they attempted to put into practice new skills they had learned. At the end of each session, time was also set aside so the co-leaders could summarize for group members the new skills which were learned during the session and which would require practice during the upcoming week and to familiarize the members with the skills to be dealt with in the next session.

In order to assist the members in becoming spontaneous with their assertive responses, those individuals were asked to:

1. learn to recognize and discriminate between assertive, nonassertive, and aggressive behaviours;
2. learn to change their faulty belief system caused by socialization;
3. learn to introduce themselves to others in the group and to strangers outside;

4. learn to give and to receive feedback (positive and/or negative);

5. learn that everyone has legitimate rights which need to be respected;

6. learn to express personal opinions and justified annoyance and anger; and

7. learn to be assertive with parents, family members, friends, and others.

3.1.3 Assessment

There were three assessment phases during the study.

1. The first step involved ascertaining whether a person was suitable for inclusion into the assertion training programme via individual interviews.

2. The second step involved determining whether the group process goals were met during the course of the treatment strategy. In order to evaluate group effectiveness appropriately, Dimock (1971) (cited in Bernfeld, Clark, & Parker, 1984) recommended that functional goals be clearly stated and a continuous assessment be made of movement toward these goals, thus placing an emphasis on the scientific study of the group process. Lange & Jakubowski (1976) have identified

specific process goals which should be met throughout an assertion training programme. These goals were acknowledged and the frequency of their use was tracked by the researcher and her co-leader, on an informal basis, immediately following each session.

These group process goals (Lange & Jakubowski, 1976, p. 4) were to:

1. identify specific situations and behaviours which will be the focus of training;
2. teach the participants how to ascertain if they have acted assertively rather than aggressively or nonassertively;
3. help individuals to accept their personal rights and the rights of others;
4. identify and modify the participants' irrational assumptions which produce excessive anxiety and anger and result in aggression and nonassertion;
5. provide opportunities for the participants to practice alternative assertive responses;
6. give specific feedback on how the members could improve their assertive behaviour;
7. encourage the members to evaluate their own behaviour;
8. positively reinforce successive improvements in assertive behaviour;
9. model alternative assertive responses as needed;
10. structure the group procedures so that the members' involvement is widespread and supportive;

11. give considerable permission and encouragement for the participants to behave assertively within and outside of the group; and

12. display leadership behaviour which is characterized by assertion rather than aggression or nonassertion.

3. The third step in the assessment process was concerned with determining whether an individual's self-rating of assertive skills changed two weeks after the formal assertion training phase had ended. To accomplish this, the researcher presented group members with an assertion inventory during the individual interviews held prior to and upon completion of the assertion training programme.

The Assertion Inventory, designed by Gambrill and Richey (1975) and originally intended for use with adult men and women, was revised in 1985 (Note 9). Dr. D. Hart of Memorial University's Psychology Department modified the instrument for use with aggressive adolescents. Hart's revision involved changing a word or words in seven of the Inventory's 40 assertion statements. The changes were made in statements numbered 1, 8, 9, 27, 31, 34, and 39 and involved replacing one or two words in each statement with either one, two, three, four, or six words. For example, in statement # 1, the word "car" was replaced

by "bicycle" and in statement # 34 (where the biggest change occurred) the words "turn on" were replaced with "neck when you are not interested".

The revised inventory remained a 40 item, three task questionnaire asking the respondents to indicate:

1. the degree of discomfort or anxiety felt when faced with specific situations which require assertive responses on a five-point scale which ranged from 1 (none) to 5 (very much);
2. the probability of displaying the behaviour if actually presented with the situation on a five-point scale which ranged from 1 (always do it) to 5 (never do it); and
3. the situations which they would like to handle more assertively.

The 40 items are general descriptions of problem situations commonly encountered by teenage boys and identified as potential areas for interpersonal conflict. The Gambrill and Richey Assertion Inventory (revised edition) was chosen for use in the present study over other possible questionnaires investigating one's assertion skills because: it is quick and easy to administer; it is valid and reliable in pre-test and post-test situations; it is written on a low reading level; and it includes items sampling a range of

situations including turning down requests, expressing personal limitations (such as admitting ignorance in some area), initiating social contacts, expressing positive feelings, handling criticism, differing with others, being assertive in public service situations, and giving people negative feedback. These 40 items are so varied that the inventory is applicable to different adolescents. A copy of the Assertion Inventory by Gambrill and Richey-Revised (1985) can be found in Appendix C.

3.1.4 Reliability and Validity

The reliability and validity data which are available are based on the 1975 version of the Gambrill and Richey Assertion Inventory and were used in the present study. Dr. Hart, who revised the original inventory, felt that this data is still applicable since the word changes made were minor and did not interfere with the intent of any of the statements (Note 10).

Normative data was based on results obtained from a college population (reliability sample) and from adult women taking part in an assertiveness training group.

Reliability: The Pearson correlations between

pre-tests and post-tests for the normative sample were .87 for 'degree of discomfort' when responding to potentially threatening situations and .81 for 'response probability'. These correlations indicated high stability of the scores over time. A Spearman rank correlation coefficient of .88 indicated that there was little experimenter bias found in the inventory in terms of items being representative of assertion only from a woman's perspective.

Validity: Gambrill and Richey (1975) claimed that their assertion inventory was able to differentiate between a clinical group and a normal population. Using this assessment tool, the researchers found that the clinical group decreased significantly in both discomfort and response probability scores following training, whereas no change occurred during a five week interval in the reliability sample. The mean post-discomfort score for the clinical sample was 82 and for the reliability sample 95.2, $t(66)=2.27$, $p<.05$. The post-response probability scores were even more divergent, 87.9 for the clinical group and 105 for the reliability sample, $t(66)=3.67$, $p<.002$.

3.1.5 Analysis of Data

Pre-test and post-test scores were compared. Scores were obtained for each subject by summing the responses on each of the two measures: 'degree of discomfort' and 'response probability' and the means and standard deviations were calculated. Comparisons were accomplished by means of t-tests from the pre-test and post-test situations. The .05 level of confidence was selected as the indication of statistically significant differences.

Subjects' scores were also ranked high or low on each of the two measures which then placed them into one of four profiles: unassertive; anxious-performers; doesn't care; or assertive. 'Discomfort' scores above 96 were rated high, while those 95 and below were rated low. On the 'response probability' measure those scores above 105 were low, while those 104 and below were considered high. These profile categories and corresponding value scores were obtained from the original study conducted by Gambrill and Richey (1975).

A detailed account of these comparisons appears in the next chapter.

CHAPTER 4

RESULTS OF PRESENT STUDY

4.1 Hypotheses

Utilizing a single group of subjects, this study yielded two pairs of measurements which were compared. These measurements were 'degree of discomfort' and 'response probability'. Designed to examine the effect of assertion training on the assertive responses of group members, the measurements were used to test two specific hypotheses.

HYPOTHESIS # 1: Subjects will exhibit a significantly lower degree of discomfort in potentially frustrating/threatening situations as a result of the assertion training programme.

In order to test this hypothesis subjects' discomfort scores on the pre- and post-administration of the Gambrill and Richey Assertion Inventory-Revised were compared. A t-test was computed on pre-test and post-test mean scores. The results reflected a significant reduction in mean discomfort scores (99.6 compared to 78.7, $t=3.98$, $p<.05$).

On the basis of such a signficant difference the hypothesis was accepted.

The acceptance of this hypothesis meant that, for this population, an assertion training programme reduced the degree of discomfort which they anticipated feeling in potentially frustrating/threatening situations with others. According to Gambrill and Richey (1975), discomfort is a precursor to aggressive behaviour (i.e. the higher the degree of discomfort, the higher the likelihood that someone will act aggressively). Assertion training, therefore, may contribute to the reduction of aggressive behaviour. A further explanation of this finding is found in the Discussion section of this report.

HYPOTHESIS # 2: Subjects will exhibit a significantly higher 'response probability' (represented by a lower score) of engaging in assertive behaviours as a result of the assertion training programme.

To test this hypothesis, subjects' mean scores on the 'response probability' measure of the Gambrill and Richey Assertion Inventory-Revised were compared. A t-test was computed. The results showed a reduction in the mean response probability scores (116.7 compared to 100.7 t =

2.29), but the difference was not significant at the .05 confidence level.

The rejection of this hypothesis meant that this population did not become overly confident in their own ability to be able to respond assertively in threatening situations. A further explanation of this finding is found in the Discussion section of this report.

Means, standard deviations, and difference scores for the pre-test and post-test are presented in Table 1.

The third procedural task evaluated the number of circled items on the inventory indicating the situations group members would like to handle more assertively. Results showed that all respondents circled at least two items (range = 2 - 20) with a mean number of items circled in the sample at 12. This indicated that they were all aware of situations in which they were likely to behave inappropriately and would like to handle better.

Table 1

Calculation of means, standard deviation and differences scores for 'degree of discomfort' (X_1, X_2) and 'response probability' (Y_1, Y_2) measures.

Subject	Discomfort (X_1)	Discomfort (X_2)	D	D^2
1	83	58	25	625
2	68	57	11	121
3	80	74	6	36
4	121	115	6	36
5	100	67	33	1089
6	114	91	23	529
7	131	89	42	1764
	$\sum X_1 = 697$	$\sum X_2 = 551$	$\sum X_D = 146$	$\sum D^2 = 4200$
	$X_1 = 99.6$	$X_2 = 78.7$	$X_D = 20.8$	
	sd = 9.98	sd = 8.87		

Subject	Response Probability (Y_1)	Response Probability (Y_2)	D	D^2
1	99	104	-5	25
2	94	88	6	36
3	105	105	0	0
4	132	102	30	900
5	129	82	47	2209
6	135	111	24	576
7	123	113	10	100
	$\sum Y_1 = 817$	$\sum Y_2 = 705$	$\sum Y_D = 112$	$\sum D^2 = 3846$
	$Y_1 = 116.7$	$Y_2 = 100.7$	$Y_D = 16$	
	sd = 10.80	sd = 10.03		

4.2 Discussion of Results

In accepting the first hypothesis, it was clear that most subjects felt more comfortable over time in relation to specific situations they had previously found stressful. This finding was reflected in the means from each subject's 'degree of discomfort' and 'response probability' measures. Six of the seven subjects displayed lower scores on each of these measures after the training phase. For example, subject # 2's average self-rating score changed in the positive direction from a 2 (a little discomfort) to a 1 (no discomfort) on the first task. Subject # 6's score on the same measure had an average positive change from a 3 (a fair amount of discomfort) to a 2 (a little). Subject # 5 also moved upwards on the scale showing a trend in the positive direction on the 'response probability' measure from a 3 (do it about half the time) to a 2 (usually do it).

'Discomfort' levels recorded in Table 1 show that three of the seven subjects (# 1, 2, and 3) achieved a low score on the pre-test for this measure. It was expected that all subjects would have experienced a lot of discomfort when dealing with situations that were potentially threatening/frustrating. However, many people

misinterpret aggression for assertiveness and vice versa. This may be an explanation for the three low 'discomfort' scores. What may have been happening was that when these adolescents were confronted daily with particular situations that frustrated them, they may have responded aggressively but felt, for example, that they were "standing up for their rights" or acting assertively. As a result, when asked to respond to hypothetical situations about whether they were comfortable with acting in an assertive manner, they responded with low 'discomfort' scores. Upon learning the difference between aggression and assertion in the training phase, the 'discomfort' scores for these same subjects decreased even further, which suggested that they felt more comfortable acting assertively.

A similar explanation could be offered for subject # 1 who showed a signifcant change on the 'response probability' measure. On the pre-test his score was high (99), which suggested that he would most likely act assertively in uncomfortable situations. After training, although his score for 'discomfort' level was low, his 'response probability' measure went up. This suggested that he became less confident in his ability to act assertively. What may have happened in this case was that

prior to training he was mistaking his aggressive behaviours for assertion. All he knew was that he was meeting his own needs. He was probably not as concerned with the way in which he achieved his goals because he was not aware of other ways to effectively control these stressful situations. Upon completion of the training phase when he was asked to respond again to the hypothetical situations that could prove to be potentially threatening, his tendency was still to be aggressive. Although he knew what assertion was and what it could achieve, he was not sure that he could actually act nonaggressively.

Table 1 also shows that three other subjects remained in the low category on the 'response probability' measure. Subject # 3 demonstrated no change in learning as a result of the assertion training program. He maintained a score of 105 on both the pre-test and post-test. This may suggest that he did not have enough time to learn or to practice assertive responses/skills. It could also indicate that he was not committed to change and was not interested in the group process and, therefore, did not try to change his attitude or behaviour. Subjects # 6 and 7, however, did show a slight change on the 'response probability' measure which indicated that they felt a

little more confident that they could act assertively than they did prior to training. This suggests that with more time for practice and feedback regarding their assertive responses, they could have become even more confident in their use of appropriate assertive behaviours.

Tables 2 and 3 also illustrate the degree of change which occurred within the group during the assertion training phase. Gambrill and Richey (1975) identified four profiles of people representative of their high vs. low values on the two measures 'degree of discomfort' and 'response probability'. Respondents falling into Cell 1 represent the typical person who has an assertion problem, for example, high discomfort coupled with low assertion. In contrast, those falling into Cell 2 display assertive responses in spite of their high discomfort. The researchers label such people 'anxious-performers'. Cell 3 includes those individuals who report low discomfort as well as low response probability. This group 'doesn't care' about their assertion or lack of it and may, in fact, see it as being futile behaviour. Cell 4 includes those individuals who are appropriately assertive and are characterized by low discomfort and high response probability.

Table 2

Distribution of the Pre-test Scores into Four Profiles

	Response Probability		
Discomfort	Low (105+)	High (104-)	**TOTALS**
	Unassertive	**Anxious-Performers**	
High (96+)	4 (57%)	2 (29%)	6 (86%)
	Doesn't Care	**Assertive**	
Low (95-)	1 (14%)		1 (14%)
TOTALS	5 (71%)	2 (29%)	

Table 3

Distribution of the Post-test Scores into Four Profiles

	Response Probability		
Discomfort	Low (105+)	High (104-)	**TOTALS**
	Unassertive	**Anxious-performers**	
High (96+)		2 (29%)	2 (29%)
	Doesn't Care	**Assertive**	
Low (95-)	3 (42%)	2 (29%)	5 (71%)
TOTALS	3 (42%)	4 (58%)	

In the present study, as was expected, no subject fell into the assertive category prior to training. The largest percentage of subjects (57%) fell into Cell 1, characterized by unassertive behaviour. Positive changes can be seen at this level, whereby 2/4 subjects profiled as 'unassertive' in the pre-test moved into the 'anxious-performers' category after training. The original two subjects in the 'anxious-performers' category on the pre-test moved into the 'assertive' category after training.

Unfortunately there was also a change in a negative direction. In the pre-test, 2/7 group members were profiled in the 'unassertive' category. After completing the assertion training phase, they moved into the 'doesn't care' category.

Finally, while prior to training only two of the seven subjects (29%) were 'anxious-performers' or 'assertive' (the two most desirable profiles), upon completion of training four of the seven subjects (58%) fell into these two profile categories. This demonstrated a marked change.

The less desirable profiles, 'unassertive' and

'doesn't care', saw an overall decrease in the number and consequently the percentage of members profiled there, 5/7 (71%) prior to training compared to 3/7 (43%) after training.

In the investigation of the Assertion Inventory by Gambrill and Richey (1975), it was found that none of their subjects fell into the 'doesn't care' profile before the training phase. The researchers suggested that if such an attitude were present it is unlikely that assertion training would have been sought. However, in the present study this did occur. Although subject # 6's responses reflected an, "Ah, what's the use" attitude during the intake interview, he expressed a keen desire to change his behaviour since he often got into trouble in school and at home because of the way he acted. The post-test measures probably did not show any positive changes for him because he never attempted to practice the assertion skills taught during the training phase, or because he did not feel confident enough to continue working on these skills if his first attempts were not successful, and/or because he was more interested in the socialization aspect the group offered. Accepting one of these three explanations, it appears likely that some subjective evaluations were made by the researcher during

the intake interview since it was difficult for her to accurately assess the subjects' "willingness to change" as she had planned.

In rejecting the second hypothesis, it became clear that group members did not have a great deal of confidence that the assertive responses they had been exposed to would be used in anxiety-producing situations. On the other hand, the obtained t-value, though not significant, was extremely close to the value needed for significance at the .05 level. It is possible that certain limitations present in the procedure of this study, if corrected, may cause changes in the subjects' responses thereby causing the t-value on the 'response probability' measure to be significant.

One such limitation would have been that the skills may not have been learned as well by some members of the group because not everyone was present for all training sessions. The fact was that three of these adolescents had come late for a session or had missed some altogether. For example, Subject # 5 missed two sessions completely due to a motor vehicle accident. Subject # 1 was late twice due to work commitments.

A second limitation imposed by the present study was the length and time of the treatment phase. Lange and Jakubowski (1976) suggest that the minimum time frame for a successful assertion group should be six-120 minute sessions. The subjects in this study met for six-90 minute sessions, primarily because they indicated more interest in attending group meetings for an hour and one-half as opposed to two hours either because of work commitments or leisure activities.

It makes sense that the amount of success experienced by group participants or co-leaders would be adversely affected by the time of year in which the group was being run. This was a third limitation in the present study. June, July, and August are the months of final exams, longer days, and warmer weather, and such things can cause a loss in the number of members who attend sessions or lose interest completely in the group process.

Recognizing that any group has the power to negatively and/or positively affect the individuals within it could account for yet another, perhaps final limitation of this study. The initial proposal for this study indicated this researcher's plan to obtain cooperation from most of the junior and senior high schools in the

city of St. John's so that the population from which the sample was chosen would be large and the chances would be good that subjects could be chosen who did not know each other. The benefit of having strangers meet and work together on their assertion skills was that they would not be unduly influenced by each other, they would not feel as though they had to maintain their aggressive "image", and they could practice being open and direct in the interpersonal relationships with new acquaintances and friends. Unfortunately this did not work out as planned. Since the population from which the sample was drawn was small, the sample itself was narrowed, and, as it turned out, two of the subjects were close friends outside the group. At times, the task of turning off their aggressive responses proved to be too challenging, and the friends ended up not only affecting each other but some of the other group members as well (for example, in attention span and group cohesiveness).

The third procedural task that subjects were asked to complete for this assertion inventory was to circle any of the 40 situations they would like to handle more assertively. All participants circled at least two items, and some circled up to 20. Table 4 was used to determine

whether there was a relationship between a subject's profile and the number of items circled.

Gambrill and Richey (1975) stated that the number of items circled was not necessarily related to subject need or readiness. This statement applied to this particular sample as well. Gambrill and Richey (1975) found that subjects falling into the 'unassertive' and the 'anxious-performers' categories, where higher anxiety is reported, circled items more often than subjects in the other two categories. The low number of items circled by respondents in the 'doesn't care' category supported the interpretation of this profile.

Table 4

Relationship between Profile and Number of Items Circled on the Pre-test

	Response Probability			
	Unassertive	Anxious-Performers	Doesn't Care	Assertive
Percentage of subjects who circled items.	57%	29%	14%	
Mean number of items circled.	13	9	14	

The same results were not found in the present study. Instead, the number of items circled by each profile seemed to be somewhat reversed (Table 3). It seems contradictory that the subject who does not seem to care about assertion or its use in anxiety-producing situations would circle the highest number (14) of items he would like to handle more assertively.

On the other hand, it was expected that the 'anxious-performers' would circle the most items since they tend to act assertively even when feeling extremely uncomfortable. Instead, this group only circled an average of nine items.

Those who are 'unassertive' and have high discomfort coupled with low response probability more than likely received reinforcement for acting this way because it diminishes their level of anxiety. Therefore, it was expected that they would circle fewer items than the 'anxious-performers'. This was not the case.

Gambrill and Richey (1975) found that the response probability score was helpful in determining the profile of an individual. But, the results of this study indicate that the measure was a poor indicator of the profile

characteristics. Such a difference may be attributable to the fact that the sample used in this study was much smaller than the one used by Gambrill and Richey (1975) (7 compared with 45 individuals) and could easily yield different results. Another explanation for these findings could be that some subjects did not really want to circle any of the items they would like to handle more assertively. However, because they felt it was expected of them by the researcher (an authority figure), they complied but with items that really meant nothing to them. Using a self-report inventory as an assessment tool may pose another problem in that individuals may "fake" their responses and give answers they believe to be socially desirable. Finally, by the time the subjects got to the third task on the inventory, they were probably tired of the process and may have circled items haphazardly. The subjects had already read through 80 situations (2 x 40) and ranked them on two different measures using different scales number 1 - 5.

CHAPTER 5

SUMMARY AND CONCLUSIONS

This report has encompassed two main areas. First, a comprehensive description of the internship experiences, and secondly a detailed report on the situation-based research which was carried out during the course of the thirteen week placement.

For five years prior to her entry into Memorial University's M.Ed. program the intern had taught in a rural junior/senior high school and had contact with many adolescents between the ages of 12 - 19. As a classroom teacher she often found her ability to deal with students' individual needs/problems restricted by her lack of effective communication skills. The internship was deemed to be successful for a number of reasons:

1. It provided her with a variety of experiences with adolescents which helped to strengthen and to add to her competencies as a counsellor.

2. It provided her with the opportunity to work and to consult with professionally trained, experienced counsellors.

3. It provided her with some counselling situations in which an adolescent and other family members were counselled together.

4. It provided her with the opportunity to be supervised and evaluated by an experienced counsellor. These evaluations were highly consultative in nature and helped to motivate the intern to improve upon her abilities and to learn as much as she could.

5. It provided her with opportunity to become familiar with other 'helping' agencies in the community and, in some cases, to meet the people involved in running them.

6. It provided her with the opportunity to conduct a research study she was interested in and which was related to the age group and type of adolescent she planned to work with in the future.

This research study was conducted with a group of adolescents who tended to exhibit high levels of interpersonal aggression. The idea for the study came from research which had been done in two areas: communication skills and problem behaviours exhibited by adolescents in various situations. It became clear that the two topics were closely related. The implication from much of the literature was that people act inappropriately or aggressively because of a lack of some basic social skills. This study was aimed at teaching the group members (seven male adolescents between the ages of 14-17) a new, more socially acceptable way of meeting their own needs without infringing upon the rights of others. It was thought that this could be accomplished through an assertion training programme whereby the members could learn how to effectively communicate with others, how to deal with their own feelings in potentially frustrating situations, and how to respect their own needs and the needs of others.

The study followed research which had previously been conducted in the field (using assertion training with aggressive individuals) and which had yielded promising results. Examples are Huey (1979); Rimm, Hill, Brown & Stuart (1974); and Wood-Pentz (1980).

Using the type of assertion programme recommended by Lange and Jakubowski (1976), this researcher wanted the group members to become aware of the amount of control and decision-making power they had in any given situation. She felt that only when they became more aware of this reality and learned to accept it would they be able to meet their needs in more positive, less aggressive ways. It was assumed that once subjects began to act more assertively and found that they were accepted and respected for this behaviour they would be encouraged to continue doing so.

The study tested two specific hypotheses. The first was that subjects would exhibit a significantly lower degree of discomfort in certain situations requiring assertive behaviour as a result of the assertion training programme. The second hypothesis was that there would be a significantly higher probability of subjects engaging in assertive behaviours as a result of the assertion training programme.

The results of this study allowed for the acceptance of the first hypothesis but the rejection of the second. In accepting hypothesis # 1, it was clear that for the seven group members the assertion training programme

significantly reduced the degree of discomfort they anticipated feeling in potentially frustrating/threatening situations. The results were not as clear for the second hypothesis. Although the finding was in the predicted direction, the difference was not significant at the .05 confidence level. In rejecting this hypothesis, it was clear that the group members did not become overly confident in their own ability to be able to respond assertively in potentially frustrating/threatening situations.

The present study satisfied a number of objectives which had been identified by the researcher prior to the implementation of the assertion training programme.

First, both the empirical and clinical (conversations held during the post-treatment interview) results indicated that new communication skills were learned by the seven group members.

Secondly, the study taught this researcher some valuable lessons about the dynamics of a group. In particular, she became more conscious of how peer pressure can affect the cohesiveness of a group. She became aware of the necessity of being assertive with aggressive

adolescents. She became more aware of how to run/not to run a group. She was also able to understand more fully the 'image' projected by adolescents to others was not necessarily representative of what they felt inside.

Finally, the group experience provided the researcher with a useful tool she would be able to implement in the future in a junior/senior-high school setting where there appears to be a great need to help those students who find it difficult to help themselves.

While the results of the study indicated some change in the adolescents' communication skills as a result of the assertion training, the level of change was not as great as this researcher had anticipated. In order to achieve more positive results while conducting a similar programme in the future, the researcher would attempt to follow these guidelines.

1. Provide the group members with more time to learn and practice making the new assertive skills a part of their individual style. The group members met for only six sessions which lasted 90 minutes each. Lange and Jakubowski (1976), two highly respected assertion trainers, suggested a minumum of six-120 minute sessions

for best results. If it was only possible/practical to meet for 90 minutes, then perhaps the number of sessions could be extended. This would allow for more role-plays, more disclosure/discussion, and more feedback and encouragement.

2. Try not to accomplish too much or cover too much material in such a short period of time. Perhaps better results would be achieved if the same programme format could be used but for a longer treatment phase, and/or that there could be a follow-up group conducted within three months after completing the first programme. This would give the group members a long enough time to put into practice some of the assertive skills they learned and to become more comfortable with the feelings that the use of these skills promote in themselves and in others.

3. Choose the sample group from a much larger population. This would help to reduce the number of people in the group who were friends before joining. Having members who are close friends may, in some instances, help the group but it may also negatively affect the group. For example, friends may find it necessary to maintain their aggressive 'image' in front of each other, or they may not become as involved in the

group process as they are in conversing with each other. Having a larger population from which to draw the group would also provide the leader(s) with the opportunity to ensure that the potential members were committed to the group process and related tasks.

4. Run the group at another time of year rather than summer. June, July, and August are the months of final exams, longer days, and warmer weather. Such things can cause a loss in the number of members who attend sessions or who lose interest in the group completely. Such problems may be minimized if the group is held at a different time of year when it could remain more focused on the programme. Another advantage to conducting such a programme during the school year is that the leader(s) could contact school personnel to determine how the group members were using their new assertive skills in another setting.

5. Try to remain as objective as possible while running an assertion training programme. If the leader does not, there is a danger of acting either nonassertively or aggressively with group members who he/she feels may be interfering with the intended development of the group. Being consistently assertive in

front of the group is the appropriate modeling behaviour.

Overall, this intern/researcher was extremely satisfied with her own growth and development as a result of the six week treatment programme and, in fact, with the entire thirteen week internship experience. She has learned a great deal about her own limitations as a counsellor, as well as some of her strengths.

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REFERENCES NOTES

Note 1: Internship Guidelines: Department of Educational Psychology, 1975.

Note 2: Statement of Purpose for The St. John's Adolescent Health Counselling Service: Provincial Department of Health - June 14, 1984.

Note 3: The film, "Redicision Therapy" was made available to the counsellors at The St. John's Adolescent Health Counselling Service by Mr. Richard Browning, M.S.W., a private practitioner in the city of St. John's.

Note 4: File developed regarding The Br. T.I. Murphy Learning Resource Centre by Deborah Wade for The St. John's Adolescent Health Counselling Service, May 6, 1987.

Note 5: File developed regarding Patrick House by Deborah Wade for The St. John's Adolescent Health Counselling Service, May 6, 1987.

Note 6: Internship Guidelines: Department of Educational Psychology, 1975.

Note 7: Internship Guidelines: Department of Educational Psychology, 1975.

Note 8: Canadian Guidance and Counselling Association. Guidelines for Ethical Behaviour, 1986.

Note 9: Gambrill and Richey Assertion Inventory (1975) - Revised (1985) by Dr. D. Hart of Memorial University of Newfoundland's Psychology Department.

Note 10: Dr. D. Hart - personal communications in July, 1987 and on July 27, 1988.

APPENDIX A

REFERENCES

The following is a list of reference material recommended and or provided by the counsellors at The St. John's Adolescent Health Counselling Service and which this intern found useful during her placement there.

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APPENDIX B

ASSERTION PROGRAMME PLAN

The following is a summary of the programme plan used each week in the implementation of an assertion training programme at The St. John's Adolescent Health Counselling Service.

SESSION I:

- Welcomed everyone officially and re-introduced co-leaders.
- Discussed the group's intended process along with the issue of confidentiality.
- Contracts signed and witnessed by other members or leaders.
- Introduction exercise whereby each member introduced himself to another (a stranger) by giving name, age, grade in school, or any other information they would like to share. Then each member would introduce the person they met to the rest of the group.
- Four film clips were shown depicting various examples of aggressive behaviour from popular teen films: "First Born" and "The Breakfast Club". A discussion followed related to these scenes. Then some group members shared some personal experiences/feelings about similar situations.
- A handout was given for the members' individual files providing answers to the following questions: What is assertion? What is assertion training? What is nonassertion and how is this behaviour learned?
- Summary and plan for the next session shared with group members.

SESSION II:

- Recap of information given/shared during last session.
- Introduction regarding the difference between aggressive, assertive, and nonassertive behaviour. This

involved: the characteristics of such behaviours - both verbal and nonverbal; how these behaviours make other people feel; and the consequences of such behaviours. A handout was given with this information after the instruction and feedback.
- Co-leaders modeled inappropriate behaviours in a short skit designed to draw responses/suggestions from the group members. In the skit, Deborah was an aggressive tenant who was trying to deal with an assertive landlord (Alan). Discussion followed on better ways to handle this situation from the tenant's position.
- Group members were then given a Discrimination Test (Jakubowski & Lange, 1978) to complete. The test included 30 situations and 30 corresponding responses to which the members had to mark down whether the response was aggressive (-), assertive (+), or nonassertive (N).
- Summary and plan for the next session shared with group members. Homework: To keep a brief log during the week of three different situations in which they acted aggressively, assertively, and nonassertively.

SESSION III:

- Recap of information given/shared during last session.
- Review and clarification of Discrimination Test.
- Homework shared by some group members.
- Two film clips shown to further help them distinguish between scenes with appropriate and inappropriate behaviour.
- Instruction on peoples' rights in different situations and the necessity of judging the consequences of behaviour before one acts.
- A lot of group discussion/disclosure followed regarding one's rights and how to achieve them and the different consequences which can come about by using some behaviours in different situations.
- Summary and plan for the next session shared with group members.

SESSION IV:

- Recap of information given/shared during last session.
- Continuation of sharing by group members re: some aggressive acts they have done and how they were affected by them.*
- Instruction on one's belief system and how it influences behaviour. A handout was also given on Irrational Thoughts and Ideas by Albert Ellis.

- More sharing by group members about some beliefs they have grown up with and how those may have been affecting the way they got along with other people.
- Summary and plan for the next session shared with group members. Homework: To keep a brief log during the week of two situations in which they consciously tried to change the way they thought about something and how the situation turned out.

SESSION V:

- Recap of information given/shared during last session.
- Homework assignment reviewed and discussed.
- A lot of group discussion centering on a problem brought up by one group member. Others offered the adolescent suggestions on ways to effectively deal with the unpleasant situation assertively.*
- Based on this discussion the co-leaders reviewed some of the characteristics of being assertive (for example, voice tone, stance, eye contact...).
- Summary and plan for the next session shared with group members. Homework: members were put in three-2 member teams and were asked to rewrite the aggressive responses to reflect more assertive ones in a hypothetical situation each.

SESSION VI:

- Recap of information given/shared during last session.
- Subjects role-played their homework assignments using assertive communication skills as opposed to aggressive ones.
- Feedback given to each group by the other members regarding the types of changes made and how they might be better improved.
- Discussion on the purpose of the exercise and what was actually accomplished.*
- Some personal disclosure followed.
- Summary of this last session and a brief review of all skills learned and discussed.
- File given to all members with all handouts presented during the programme. There were also some extra: "What is Anger?" and "Guidelines for Practicing Assertiveness".

* The co-leaders in this particular assertion group tried to be flexible in their programme to allow for as much discussion and personal disclosure as possible. It was felt that if the adolescents could begin to verbalize some of their problem situations with other people they might be able to put things in perspective and want to change some of their inappropriate attitudes/behaviours.

APPENDIX C

GAMBRILL & RICHEY ASSERTION INVENTORY - REVISED (1985)

Many people experience difficulty in handling interpersonal situations requiring them to assert themselves in some way, for example, turning down a request, asking a favour, giving someone a compliment, expressing disapproval or approval, etc. Please indicate your degree of discomfort of anxiety in the space provided before each situation listed below. Utilize the following scale to indicate degree of discomfort.

1 = none
2 = a little
3 = a fair amount
4 = much
5 = very much

Afterwards, go over the list a second time and indicate after each item the probability of likelihood of your displaying the behaviour if you were actually presented with the situation.* For example, if you rarely apologize when you are at fault, you should mark a "4" after the item. Utilize the following scale to indicate response probability:

1 = always do it
2 = usually do it
3 = do it about half the time

4 = rarely do it
5 = never do it

*** Note:** It is important to cover your discomfort ratings (located in front of the items) while indicating response probability. Otherwise, one rating may contaminate the other and a realistic assessment of your behaviour is unlikely. To correct this, place a piece of paper over your discomfort ratings while responding to the situations a second time for response probability.

Degree of Discomfort		Situations	Response Probability
___	1.	Turn down a request to borrow your bicycle.	___
___	2.	Compliment a friend.	___
___	3.	Ask a favour of someone.	___
___	4.	Resist sales pressure.	___
___	5.	Apologize when you are at fault.	___
___	6.	Turn down a request for a meeting or a date.	___
___	7.	Admit fear and request consideration.	___
___	8.	Tell a person you are good friends with when he/she says or does something that bothers you.	___
___	9.	Ask for a grade to be checked.	___
___	10.	Admit ignorance in some area.	___
___	11.	Turn down a request to borrow money.	___
___	12.	Ask personal questions.	___
___	13.	Turn off a talkative friend.	___
___	14.	Ask for constructive criticism.	___
___	15.	Initiate a conversation with a stranger.	___
___	16.	Compliment a person you are romantically involved with or interested in.	___
___	17.	Request a meeting or a date with a person.	___
___	18.	Your initial request for a meeting is turned down and you ask the person again at a later time.	___

19. Admit confusion about a point under discussion and ask for clarification.
20. Apply for a job.
21. Ask whether you have offended someone.
22. Tell someone that you like them.
23. Request expected service when such is not forthcoming, e.g. in a restaurant.
24. Discuss openly with the person his/her criticism of your behaviour.
25. Return defective items, e.g. to a store.
26. Express an opinion that differs from that of a person you are talking to.
27. Resist pressure to skip school when you are not interested.
28. Tell the person when you feel he/she has done something that is unfair to you.
29. Accept a date.
30. Tell someone good news about yourself.
31. Resist pressure to eat.
32. Resist a significant person's unfair demand.
33. Quit a job.
34. Resist pressure to neck when you are not interested.
35. Discuss openly with the person his/her criticism of your work.
36. Request the return of borrowed items.
37. Receive compliments.
38. Continue to converse with someone who disagrees with you.
39. Tell a friend or someone with whom you go to school when he/she says or does something that bothers you.
40. Ask a person who is annoying you in a public situation to stop.

Lastly, please indicate the situations you would like to handle more assertively by placing a circle around the item number.