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ASSERTIVENESS TRAINING: A STUDY OF ITS EFFECTS WITH FEMALE ADOLESCENT DELINQUENTS

A Project
Presented to the
Faculty of
California State College
San Bernardino

by
May Margaret Economy
July, 1979
Approved by:

Chairperson

April 16, 1980
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In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology

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May Margaret Economy
July 1979
Abstract

This research explored the effects of assertiveness training on sex-role orientation of behavior and the effects of assertiveness training on acquisition of assertive behaviors. All data were secured from pre-test, post-test, and follow-up test scores from the Bem Sex-Role Inventory (BSRI) and the Adult Self Expression Scale (ASES). Subjects were 13 institutionalized delinquent female adolescents. Eight subjects received assertiveness training and five subjects received no assertiveness training. The hypotheses were: (1) delinquent female adolescents will score significantly higher on their pre-test mean femininity scores in comparison to their pre-test mean masculinity scores on the BSRI; (2) delinquent female adolescents receiving assertiveness training in comparison to delinquent female adolescents not receiving assertiveness training will score significantly lower on the BSRI femininity post-test and follow-up test; (3) delinquent female adolescents receiving assertiveness training in comparison to delinquent female adolescents not receiving assertiveness training will score significantly higher on the BSRI masculinity post-test and follow-up test scores; (4) delinquent
female adolescents receiving assertiveness training will score significantly more androgynous in comparison to delinquent female adolescents not receiving assertiveness training on the post-test and follow-up test of the BSRI; (5) delinquent female adolescents receiving assertiveness training will score significantly higher on the ASES post-test and follow-up test in comparison to the delinquent female adolescents not receiving assertiveness training. Analysis of the data indicates that none of the hypotheses were supported; however, delinquent female adolescents scored significantly higher on the ASES follow-up test in comparison to their scores on the ASES pre-test. In addition, subjects in the assertiveness training condition had significantly lower ASES scores than did the no-training subjects on the pre-test ASES scores. Due to this confounding variable and the small sample size, it should be emphasized that the statistical analysis is only suggestive. Therefore, this study is tentative and should be replicated with a larger sample.
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INTRODUCTION

Deficiencies in assertive behavior have long been considered among the most common problems brought to counselors and psychotherapists (Wolpe & Lazarus, 1966). Assertiveness training is a generic term that refers to a variety of techniques designed to facilitate development of assertive skills. Historically, assertiveness training is a concept that was formulated almost 30 years ago by Salter (1949), who proposed that inhibited persons require "excitation" and that they be schooled in spontaneous expression of emotions. With the rise of the Human Effectiveness movement of the 1970's and its focus on interpersonal relationships, the seed planted by Salter came to fruition.

While assertiveness training, per se, started with Wolpe (1954, 1958), its popularization is usually credited to Alberti and Emmons, co-authors of Your Perfect Right (1970). Current proponents of assertiveness training, such as Jakubowski-Spector (1973), stress the facilitative role of assertive skills in fostering satisfaction with self in interpersonal relationships. Paralleling the growth in clinical application of assertiveness training,
there has been a robust increase of empirical research in this area. This chapter will review operational definitions, clinical procedures, and empirical results of assertiveness training.

Assertive Behavior: General Considerations

Early definitions of assertiveness involved general statements of advantageous patterns of human behavior. Wolpe and Lazarus (1966), for example, defined assertive behavior as socially acceptable statements of emotions and rights. The idea of reciprocity of personal rights was added by Alberti and Emmons (1970); they defined assertiveness as "behavior which enables a person to act in his own best interest, stand up for himself without undue anxiety, and express his rights without destroying the rights of others" (p. 2). Jakubowski-Spector (1973) extended this idea by emphasizing that rights carry with them responsibilities for accountable behavior. The ultimate right is to be the judge of one's behavior (Smith, 1975). The ultimate responsibility is to be responsible for the consequences of one's actions (Jakubowski-Spector, 1973).

A recent review article by Rich and Schroeder (1976) examined existing definitions and proposed the following operational definition: "Assertive behavior is a skill to seek, maintain, or enhance reinforcement in an interpersonal situation through an expression of feelings or wants
when such an expression risks the loss of reinforcement or even of punishment" (p. 1,082). This view would appear to constitute the first acknowledgment of the risk attached to assertion. No theorist has, to date, challenged the view that fear of risk underlies inhibitions and anxieties that are barriers to assertiveness.

The literature has mainly focused upon two issues. The first of these is the differences between assertiveness from both passivity and aggression. Almost all writers view passive behavior as stemming from a deficit in ability to express negativity or opposition. "Without the ability to dissent, one's acquiescence is merely a form of submission" (Falmers, 1971, p. 12). Passive behavior may also involve overt acceptance of violations of one's personal rights by others, whether perpetrated with awareness or not, according to Jakubowski-Spector (1973). In addition, failure to validate oneself and others can be a passive deficiency.

Generally, theorists agree that aggression is action to gain personal goals at the expense of rights and feelings of others (Alberti & Emmons, 1970). The aggressor openly makes choices for others, depreciating their self-worth. Aggressive behavior also may take the form of blaming or attacking others.

Passivity can be a breeding ground for aggression. While passivity and aggression are usually seen as
diametrically opposed, they may be uniquely combined by the non-assertor into passive aggression. Subterfuge and manipulative games are forms of such non-confrontive strategies. Society is occasionally shocked by extremely aggressive acts by individuals known for their docile personalities. According to Flowers (Note 1), perpetrators of such acts were excessively punished for aggressive behaviors as children.

A second issue that has often been discussed in the literature is whether assertiveness represents a stable personality trait (Salter, 1949) or is evoked in specific interactions. The current consensus is that assertiveness is situationally determined (Alberti & Emmons, 1975; Smith, 1975; Jakubowski-Spector, Note 2); that is, stable differences exist in the degree of assertiveness demonstrated by persons in work, social, or commercial situations.

Handicaps to assertiveness have been enumerated by Lazarus (1973); these include deficiencies in at least one of the following behaviors: (1) the ability to say "no," (2) the ability to make requests or to ask for favors, (3) the ability to express both positive and negative feelings, and (4) the ability to initiate, maintain, and conclude conversations. The most common problem may be inability to say "no" simply and directly.
In summary, assertiveness would appear to lie at mid-point on a continuum of interpersonal behaviors. The pattern at one end consists of anxiety-laden, situation-specific passivity or passive-aggression. At the opposite end of this continuum is overt aggressiveness.

**Assertive Responses**

An assertive response has both verbal and non-verbal elements. The verbal element is two-dimensional, involving a clear and brief message. The length of an assertive response may underscore assertiveness or tend to negate it, as when burdened with explanations (Kazlo, Note 3).

Assertiveness is appropriately confined to the lowest possible level of emotion and risk. Rimm and Masters (1974) employ a hierarchial program in which the trainee first delivers an effective response that utilizes the least effort and negative emotion and carries a minimal probability of adverse consequences. Escalation of these components may be chosen if necessary to achieve the goal desired. In a commercial situation, as when returning defective merchandise, one may be politely but firmly insistent. When rightful expectations are not met, escalation is shown by the following example in an encounter with a sales clerk: "I want to return this
radio" followed by "If you cannot help me, then I want to see the manager."

Appropriateness of assertive messages may vary with values of a sub-culture, with age, and with sex-typing. Certain ethnic groups, such as the Chinese, Japanese, and Spanish-speaking peoples, are relatively formalized and indirect in their language. Older persons are generally more restrained in expressiveness than the young. Female sex-typing, investigated by Bem (1974) and Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970), appears to restrict assertiveness considered appropriate by men. Personality traits of independence, forcefulness, and leadership are culturally viewed as masculine; whereas women are culturally expected to be passive, dependent, and submissive.

Responses are more effective if they involve statements about one's self. "I" statements relate to personal feelings, wants, and opinions. They give fuller commitment to one's communications (Salter, 1949). "You" statements may be interpreted as judging or labeling. "I am upset" carries a different message and is more likely to evoke a reasoned response than "You are rude." Such "you" statements may be seen to "deny, humiliate, and depreciate" others and are aggressive, according to Alberti and Emmons (1970).
Non-verbal elements of assertive responses are estimated by Jakubowski-Spector (Note 4) to account for approximately 80% of our communications. Voice quality, latency of response, eye contact, facial expression, gestures, posture and breathing all carry a portion of the communicative load. If these factors convey a different message from the spoken word, the latter may be negated. Consider, for example, the dissonance aroused when an expression of anger is given with a smile. Body language often communicates a more honest and forceful message than do words. Congruency of verbal and non-verbal elements, on the other hand, denotes clarity to the receiver and gives the sender a fuller experience of the statement.

In summary, four basic components of assertive messages have been delineated by Alberti and Emmons (1970, 1975): (1) a clear, concise content of a statement of opinion, emotion, or desired goal; (2) maintenance of eye contact and appropriate facial expression; (3) assertive body posture and movements; and (4) strength of vocal tone and quality. In addition, social appropriateness, maintenance of the lowest feasible level of assertiveness, and "I" statements are important.

Assertiveness Training

Assertiveness training always incorporates specific goals. Alberti and Emmons see these as typically or frequently falling in these categories: (1) establishment or
modification of a relationship, (2) the statement of an objection or opposing viewpoint to that of another, (3) setting limits for another in regard to what may be expected of one, (4) obtaining something the initiator wants. A simple expression of an emotion is an additional category. It should be underscored that the success of any assertive act is contingent upon the initiator's having a clear notion of the goal desired.

Many of the procedures used in assertiveness training are shared by other therapeutic strategies, such as role-playing, modeling, imagery, feedback, and videotaping. Rich and Schroeder (1976) categorized training procedures according to their function: response-acquisition, response-reproduction, response-shaping and strengthening, cognitive restructuring, and response-transfer.

The response-acquisition techniques in assertiveness training include instructions and modeling. Instructions are given when structured interactions are presented to the trainee. They involve situations that have been formulated in advance by the trainers to teach a specific assertive response. Instructions may be general, such as "Keep your refusal brief and offer no excuses;" or they may be specific, for example, "Tell the clerk you want a refund and maintain eye contact." The response may be modeled for the trainee. In cases of very inhibited persons, initial responses may be
read from a script. Rich and Schroeder (1976) observed that inhibited trainees may be more disposed to specific instructions, while more independent trainees may prefer the latitude allowed them by general instructions.

Modeling is a behavior therapy technique designed to modify behavior by demonstrating responses that can be imitated by an individual. Modeling, used in the empirical investigations on assertive behavior, has typically been audio- or videotaped to meet stringent requirements of standardization. Models having competence and prestige and that are also in the same age range and sex of trainees appear to be more effective, according to Bandura (1971).

Response-reproduction includes behavior rehearsal and role-playing. Behavior rehearsal was an early procedure used in assertiveness training (Wolpe, 1958; Lazarus, 1966). This procedure involves rehearsing or practicing a desired response until the trainee reaches acceptable standards of assertiveness. Rehearsal may be either covert or overt. Covert rehearsal involves imaginal recreation of assertive situations and responses. Since covert rehearsal is less threatening, it is suited to very inhibited persons. Overt rehearsal has the advantage of being closer to reality and also being accessible for feedback.

The work of McFall and Lillesand (1971) suggested that overt practice may lead to greater generalization of response.
It also may be more effective in developing assertive non-verbal behaviors, such as eye contact and voice quality. These same investigators found covert practice to be effective.

The responses to be reproduced, whether overtly or covertly, may be directed by the trainer or improvised by the trainee. The trainer, drawing upon extensive experience, may have a repertoire of suitable responses to offer. Improvised responses, formulated by the trainee, allow for freer adaptation to personal needs and preferences. In addition, resistance to adopting new skills is lower if the skills are discovered by the trainee. Rich and Schroeder (1976) suggested that improvised responses lead to greater transfer effect.

Response-shaping and strengthening procedures are designed to improve and internalize skills. They include feedback in the form of either audio- or videotaped playback, coaching and reinforcement by the trainer and other group members, and self-evaluation in accordance with standards discussed in the group. The most powerful reinforcement usually occurs in real-life situations when success rewards a new assertive response.

Cognitive restructuring procedures are directed at cognitive variables that inhibit assertiveness (Ludwig & Lazarus, 1972). These variables include self-criticism,
criticalness, perfectionism, and excessive need for approval.

Cognitive restructuring embraces a rationale of the value of assertiveness and also of ways in which non-assertive behaviors evolve and are maintained. This rationale may be formalized in a belief system of rights and responsibilities to support new assertive skills as proper and self-enhancing (Alberti & Emmons, 1970; Smith, 1975; Jakubowksi-Spector, Note 5). The belief system may be summarized in two statements: one has the right to be treated as a capable person; one has the responsibility to act like a capable person (see Appendix B). The principles of this belief system are thought to be relevant to people of different ages, races, sex, and social classes.

Drawing on the work of Ellis (1962), various trainers have adopted rational-emotive techniques (Lazarus, 1971; Ludwig & Lazarus, 1972). Trainees are re-educated to employ covert verbalizations, "self-talk," and cognitive patterns that support assertiveness, and, finally, to envision positive consequences of assertive behaviors.

Techniques oriented towards transferring new skills to real life situations are crucial components of assertiveness training programs. Transfer appears to be accelerated by homework assignments (Galassi, 1974). Such assignments often involve self-monitoring situations in which assertive
behavior is attempted. Experiences, whether fully successful or not, are reported to the training class. Suggestions and reinforcement often sustain trainees' efforts. Most trainees identify with efforts of co-members (Yalom, 1970) and may thereby expand their own assertive attempts.

Rich and Schroeder (1976) argued that procedures of response-acquisition, response-reproduction, response-shaping and strengthening, cognitive restructuring and response-transfer to real life should be incorporated in any "standard" assertiveness training program. Emphasis on the different procedures, however, may vary with the population being trained. A functioning population, such as teachers, may respond more positively to general instructions with improvised practice. Psychiatric patients, in contrast, may require more specific instructions and frequent coaching. All trainees appear to gain particular value from videotaped feedback and homework assignments that provide added possibilities for self-evaluation and self-monitoring.

The training procedures described above are used in structured and non-structured interpersonal interactions employed in training programs. A structured interaction depicts common interpersonal problems roleplayed by models. An assertive response may be modeled or directed by the
trainer or improvised by the trainee. Structured interactions are used to develop a specific class of responses, such as refusal behaviors. Programs utilizing these interactions are more dependent upon the authority and expertise of the trainers who have developed and/or who present the interactions. They are designed to raise consciousness regarding assertiveness and have the specific advantage of covering frequently encountered problems. Dependent trainees may value structured interactions, as they can give form to their anxieties that are not clearly defined. Meeting standardization demands, structured interactions have additionally been most often selected for use in empirical research. Researchers seeking manipulation and measurement of quantifiable variables generally prefer employing only structured interactions.

Clinical programs usually include non-structured interactions. These involve situations selected by and drawn from the lives of trainees as representative of specific goals they wish to achieve. They usually embody a broader range of behaviors. Programs employing only these interactions may be regarded as "trainee-centered," as the trainer plays less of an authority role. An advantage of non-structured interactions is that they often evoke greater commitment to the training, being tailored to personal needs.
Appropriate Candidates for Assertiveness Training

Assertiveness training has mainly been applied to middle class and educated populations, including college students, teachers, and managerial personnel (Jakubowski-Spector, 1975). Past work done with psychiatric patients indicated that they are less amenable to training, but more recently, improved programs have led to positive and significant results with this population (Hersen et al., 1973; Longin & Rooney, 1975). Little or no research has taken place with the elderly, young children, adolescents, or minority groups.

Empirical Research

Research in the effects of assertiveness training began with a classic series of investigations by McFall and colleagues (McFall & Marston, 1970; McFall & Lillesand, 1971; McFall & Twentymen, 1973). The purpose of these studies was to isolate and examine assertiveness training components in order to lay a foundation for effective training programs.

McFall and Marston (1970) administered a variety of structured problem interactions, such as a mechanic who made unauthorized car repairs, to 42 non-assertive subjects. The results indicated that experimental groups receiving overt rehearsal and overt rehearsal-with-feedback, showed significantly greater improvement in assertive behavior
than a group which received a traditional treatment focusing upon interpretation of behavior. The value of audio-taped feedback was indicated on a telephone follow-up test. Subjects receiving feedback showed greatest persistence in assertiveness.

McFall and Lillesand (1971) followed up findings of the previous study that showed improvement in refusal behavior correlated highly with over-all improvement on assertiveness scores. The authors focused specifically on refusing unreasonable requests. Training time was shortened to 45 minutes, and modeling and coaching procedures were added to previously used techniques. Compared with untreated control subjects, experimental subjects showed significant improvement in refusal behavior. From the results the investigators inferred that covert procedures, which appeared to be more effective than overt with audiotaped feedback, protected subjects from evaluation, minimized avoidance behavior, and enhanced learning.

The final experiment of this series by McFall and Twentymen (1973) was a large-scale study utilizing 264 subjects and was patterned after the McFall and Lillesand investigation. Again, experimental groups, compared with control groups, made significant gains in refusal skills. Subjects shown to be "super-assertive" on a self-report test, performed significantly better than did experimental
subjects. These findings suggest that while the training can teach assertive behaviors, non-assertive persons do not attain a degree of assertiveness equal to individuals who have long possessed such skills.

A focus of this investigation was to further examine modeling. Whether by "tactful" or "abrupt" models, or whether audiotaped or videotaped, modeling was not found to lead to significant differences between experimental and control subjects. The researchers inferred that models that roleplayed responses, followed by reinforcing consequences, may have proved more expedient. In addition, they believed that pre-exposure of trainees to adequate models "at some point in time" may be a necessary prerequisite before rehearsal and coaching can be effective. Roleplaying by models has been frequently used in subsequent studies, i.e., Galassi, Galassi, and Litz (1974), Hersen, Eisler, Johnson, and Pinkston (1973).

In summary, the studies of McFall and colleagues found that improvement in refusal behavior correlated with an overall increase in assertive skills. Compared with a traditional therapy which relied on interpreting behavior, assertiveness training utilizing rehearsal and coaching led to significantly greater gains in refusal behavior skills. Covert and overt rehearsal, used separately or in combination with taped feedback, appeared to be the most productive technique for response acquisition, shaping and
strengthening. Coaching was also identified as an effective training component. Irrespective of the type of models used or means of presentation, modeling added little to treatment effects. The importance of the results of the studies by McFall and colleagues are underscored by the large number of subjects used and by the apparent overall careful work.

The recent trend in assertiveness training research has been to assess comprehensive programs aimed at teaching a broad range of assertive skills. These include assertion in conflict situations (Eisler, Miller & Hersen, 1973) and in employment, daily living and leisure time (Field & Test, 1975). A study by Galassi, Galassi and Litz (1974) expanded goals of the training to include expression of affection and initiation of requests.

Training components that have become common to clinical programs were utilized in a study by Galassi et al. (1974) that produced significant results. They included trainee-selected interactions, which individualized the training to meet personal goals. In addition, homework assignments were given to enhance transfer effects. Departing from earlier brief programs, both the number and the duration of sessions were lengthened to increase learning experience. Advantages of economy of time, effort, and shared experiences, previously set forth in the work of Yalom (1970), were utilized in this group program.
In contrast to studies with college students, early work with psychiatric subjects produced disappointing results (Serber & Nelson, 1971). More recent work with psychiatric male patients has been more promising (Eisler, Miller & Hersen, 1973; and Hersen, Eisler, Miller, Johnson, & Pinkston, 1973). Longin and Rooney (1975) reported positive increases in assertion among psychiatric female patients, as well. Field and Test (1975) appear to be the first researchers to produce significant gains in assertive skills with this population. In a group setting they trained male and female outpatients in an individualized program that identified specific assertive deficits through interviews with the subjects and also by staff observations.

Aggressive behavior is rarely investigated in studies of effects of assertiveness training; therefore, the work of Foy, Eisler and Pinkston (1975) deserves special attention. A 56-year-old male carpenter with a history of explosive rages and assaultive behaviors was hospitalized with acute anxiety. The subject's abusive responses to "unreasonable demands" were identified for him on videotape. Positive results in assertive behaviors were gained.

All but two of the studies cited in the present paper used both self-report and behavioral measures. Field and Test (1975) and Longin and Rooney (1975) employed only behavioral measures.

Most of the training procedures isolated by McFall and associates have continued to be used by subsequent
researchers, but with some change in emphasis. Covert rehearsal appears to have been largely replaced by overt rehearsal. Videotaped feedback, ranked by subjects in Galassi et al. (1974) as the most valuable training procedure, is now commonly used. While coaching continues to be an integral part of training programs, researchers following McFall et al. apparently differed with these pioneers over the value of modeling and have included this component in their programs. Eisler, Miller and Hersen (1973), for example, made use of a live female model in an effort to evoke increased interest among male subjects. Group training programs have included homework (Galassi et al., 1974) and also group support and modeling by peers (Field & Test, 1975; Galassi et al., 1974). Compared with investigations by McFall and colleagues, later studies appear to have reduced use of automation of such training components as modeling and coaching. This change is particularly true of programs with trainee-selected non-structured interactions.

Transfer was tested in the Field and Test; Foy et al. (1975) and Longin and Rooney (1975) studies. The findings showed maintenance of acquired assertive skills at ten, six, and 24 months post treatment, respectively. Generalization was inferred in the Field and Test study, as most of the subjects were found, in a follow-up survey, to be employed and living alone in the community.

Both self-report and behavioral measures supported findings of the Foy et al., Galassi et al., and Hersen et al.
(1973) investigations. Only behavioral measures were used by Eisler et al. (1973), Field and Test (1975), and Longin and Rooney (1975).

In summary, with the exception of the Longin and Rooney work, studies subsequent to McFall et al. (1970, 1971, 1973) have incorporated a broad range of assertive responses. Promising results in training assertion to psychiatric patients have been indicated. Extended training of subjects in groups with trainee-selected non-structured interactions and peer support has been successfully accomplished. Technique-wise, homework assignments have been added to traditional training procedures (overt rehearsal-with-feedback, coaching, and modeling). Use of automation appears to have been reduced. Long-term transfer effects have been achieved, but generalization of acquired responses has not been clearly documented. While one-half of these investigations employed both self-report and behavioral measures, the remainder utilized only behavioral instruments.

Delinquency and Assertiveness Training

Assertiveness training has been introduced as an adjunct treatment in several therapeutic settings for juvenile delinquents. Garnett in 1973 administered the training to eight court-adjudged delinquents. The male and female subjects, whose ages ranged from 13 to 17, were in a correctional continuation school. While results were not empirically measured,
subjects were reported to choose learned assertive responses in preference to past aggressive or non-assertive ones. It was speculated that subjects preferred new assertive skills as they led to productive behavior and to social reinforcement.

Other studies investigated effects of assertiveness training on self-concept. Working with 13 males, ages 13 to 17, Kornfield (1974) reported negative results on the Perris-Harris Children's Self-Concept Scale. She accounted for these findings by citing disruptive problems outside the non-residential setting. Also, she suggested that videotaped feedback should have been used and that sessions be run for a minimum of 12 weeks.

Twelve female adolescent delinquents in an institutional setting were administered the training by Miller (1974). As measured by the Tennessee Self-Concept Scale, there was no significant change in self-concept, compared to control subjects.

To date the final study found dealing with assertiveness training as a treatment method with institutionalized juvenile delinquents was made by Martinez in 1977. She used 25 incarcerated males. The subjects were grouped by personality characteristics according to "instrumental" (acting out) or "expressive" (emotionally labile and anxious) tendencies. Significant gains in assertiveness on a self-report measure
were achieved by all experimental subjects, compared with control subjects. "Expressive" delinquents were more prone to demonstrate behavioral change than the "instrumental" delinquent subjects following training. Only "expressive" subjects did not increase levels of aggression. Self-concept, once again, was not found to improve with assertiveness training.

In contrast, improved self-concept was found by Percell Berwick and Beigal (1974) who gave assertiveness training to 12 non-delinquent, adult psychiatric outpatients. The measure used was the Self-Acceptance Scale of the California Psychological Inventory. A behavioral measure indicated significant increases in assertive skills.

Comparisons between these studies are difficult because of age differences between adult and adolescent groups, as well as differences between the self-concept measures. It is possible, however, that improvement in self-concept may be a personality growth factor occurring over a time period in excess of six or 12 weeks. Furthermore, in contrast with psychiatric outpatients, the delinquent is likely to be burdened with guilt feelings concerning socially proscribed acts.

Consideration of assertiveness vis-a-vis female delinquents requires the larger framework of viewing assertiveness among women in our society. Women constitute a group
conditioned to behave passively (Bem, 1974; Kaplan, 1974; Rosenkrantz, Vogel, Bee, Broverman & Broverman, 1968). Certain personality traits shaped in women seem inimical to positive self-concept and assertiveness (Tolor, Kelly & Stebbins, 1976). Such traits include dependency, repression of anger (Kaplan), yielding (Bem), emotionality, and being a follower rather than a leader (Rosenkrantz et al.). Tolor and colleagues found 73 female college students scoring low on a female sex-role test were significantly more assertive than those with high scores on the test. They also had more positive self-concepts, as indicated by the Tennessee Self-Concept Scale measurements, than 61 males scoring low in male sex-role traits in this study. These findings are supported by an investigation by Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1969) suggesting sex-typed passive feminine traits are less socially desirable than masculine traits and are so regarded by mental health professionals that were surveyed.

As a challenge to the traditional premise that sex-typing is indicative of mental health, Bem hypothesized psychological androgyny is a more definitive standard of emotional well-being in both sexes. Sex-typing may influence the emotional health of the delinquent female adolescent. She usually comes from the lower socio-economic class, according to Hacker (Note 6), a supervisor of probation officers at the San Bernardino, California,
Juvenile Hall and also may adhere to traditional sex-role stereotypes (Knopka, 1966). She may be caught in a double bind. On one hand, she may have awareness of society's rapidly changing expectations for women. On the other hand, she may experience conflict with her parents' commitment to sex-typed behaviors.

A composite picture of major life areas of both male and female delinquents has been drawn by Hacker (Note 7). They have inadequate relationships with parents, are in trouble at school with poor achievement records, and are isolated from stable peer groups.

The adolescent delinquent has magnification of problems of the average teenager, in the view of a San Bernardino Juvenile Hall psychologist (Taylor, Note 8). The primary developmental task of adolescence is search for identity, often burdened with "role confusion" (Erikson, 1963). Possessing inadequate coping skills and handicapped, possibly, by boredom, a potential delinquent may resort to drugs. Medinnus and Johnson (1969) see a correlation between drug abuse and passivity. The link of drug abuse to crime is well known. These factors contribute to deficiencies in impulse control, generally seen as a primary differentiation between the delinquent and non-delinquent.¹

¹The average female delinquent of concern here is one whose delinquent acts appear to have a relatively short history, coinciding with the advent of her adolescent years. In contrast, the hard-core criminal, as suggested by the work of
The disturbed delinquent may be assisted by assertiveness training. Deficiencies in impulse control, often aggravated by drug abuse, are addressed by the belief system of reciprocal rights and responsibilities, incorporated in the training administered by this investigator. This belief system provides guidelines for socially desirable conduct. In addition, improved articulation of needs, balanced by learned communication of respect for others, may expand legitimate access to goals. Acquisition of assertive skills may lead to improved interpersonal relationships, which can assist the delinquent with resolution of the identity crisis.

Concepts and procedures of assertiveness training are well-suited to an adolescent population, being simple and straightforward and presented in everyday language. They are believed to be easily within their cognitive and behavioral potential. Certain skills can be attained in a relatively brief time, making the training practical for the delinquent adolescent, who is frequently marked by impatience.

There have been few studies of assertiveness training with adolescents generally or with delinquent adolescents in particular. Because the average institutionalized female delinquent may be characterized by sex-typed passive behaviors, compounded by instability and conflict in major life

Yochelson and Samenow (1976) has serious, ingrained thinking errors that have given rise to criminal acts from early childhood. Such an individual is motivated by the excitement, power, and control derived from crime. Long-term intensive psychotherapy seems to be required for restructuring this personality type (Yochelson & Samenow).
settings, deficiency in impulse control, and possible drug abuse that further removes her from productive involvement in society, investigation in this area is needed.

It is speculated that the average female delinquent's behavior swings from passivity to aggressive deviant acts with a build-up of frustration from inability to achieve desired goals. The intention of this research is two-fold: (1) to explore the effects of assertiveness training on sex-role orientation of behavior and (2) to explore the effects of assertiveness training on acquisition of assertive behaviors.

**Summary of Hypotheses**

For the purpose of this investigation, the following research hypotheses were formulated:

1. Delinquent female adolescents will score significantly higher on their pre-test mean femininity scores in comparison to their pre-test mean masculinity scores on the BSRI.

2. Delinquent female adolescents receiving assertiveness training in comparison to delinquent female adolescents not receiving assertiveness training will score significantly lower on the BSRI femininity post-test and follow-up test scores.

3. Delinquent female adolescents receiving assertiveness training in comparison to delinquent female adolescents not receiving assertiveness training will score significantly higher on the BSRI masculinity post-test and follow-up test scores.

4. Delinquent female adolescents receiving assertiveness training will score significantly more androgynous in comparison to delinquent female adolescents not receiving assertiveness training on the post-test and follow-up test of the BSRI.
5. Delinquent female adolescents receiving assertiveness training will score significantly higher on the ASES post-test and follow-up test in comparison to the delinquent female adolescents not receiving assertiveness training.
METHOD

Subjects

Two groups of subjects were studied. Due to attrition the final sample included eight female delinquent adolescents in the assertiveness training condition and five female delinquent adolescents in the no-assertiveness training condition.

Initially, the first group consisted of 12 volunteering females residing in the Van Horn Youth Center, an unlocked facility of Juvenile Hall, Riverside, California. This unit houses both female and male delinquents between the ages of 13 and 17.5 who have been adjudicated guilty of criminal offenses. The minimum intelligence of applicants was in the dull-normal range (I. Q. 85). The subjects were of mixed racial background. Approximately 25% of the girls were Indian. The remainder were mainly Caucasian.

Initially, the second group of subjects constituted a control group of 12 volunteering females. They resided in the Girls' Treatment Unit of Juvenile Hall, San Bernardino, California. This facility differs from the Van Horn Youth Center in that it is a locked unit and houses only delinquent girls. Treatment given in both institutions appears similar.
Assessment Measures

The assessment measures were the Bem Sex-Role Inventory and the Adult Self-Expression Inventory. The Bem Sex-Role Inventory (BSRI) is a 60-item self-report scale that was standardized on two college populations and designed for use with adults. It was selected for its ease of administration. Its 60 items are self-descriptive adjectives or short phrases, 20 of which represent "feminine" characteristics, e.g., "gentle," "sympathetic," and "tactful." Another 20 items represent "masculine" characteristics, e.g., "self-reliant," "analytical," and "willing to take a stand." The third group of 20 items represents socially desirable characteristics, e.g., "friendly," "truthful," and "conventional." Subjects rate each item on a seven-point scale according to how descriptive the characteristics are of themselves. Responses range from "1" ("never or almost never true") to "7" (always or almost always true"). The internal consistency, as measured by coefficient alpha, ranged from .75 to .86 across the three scores and is an indication of high reliability. Test-retest reliability for four intervals ranged from .89 to .93. Validity data are still being accrued on the BSRI. Bem (1974) reported the BSRI masculinity and femininity scores are moderately correlated with the masculinity and femininity measures of the California Psychological Inventory (correlations in the .25 - .42 range).
The masculinity and femininity scores on the BSRI are independent. Masculinity equals the mean self-rating for all endorsed "masculine" items. Femininity equals the mean self-rating for all endorsed "feminine" items. Masculinity and femininity scores can thus range from "1" to "7."

An androgynous sex role is defined as equal endorsement of both masculine and feminine traits. The androgyeny score is the difference figure between an individual's masculine and feminine self-endorsement. The closer this score is to zero, the more the individual is considered to be androgynous.

The Adult Self-Expression Scale (ASES) is a 48-item self-report measure systematically developed by Gay, Hollandsworth, and Galassi (1975). This instrument was selected as it is easily administered, reliable and validated. In addition, it appears to be the only measure standardized on a large community college population where social, economic, and academic barriers were minimized. Previous instruments are either unstandardized (Alberti & Emmons, 1974; Dalali, 1971; Fensterheim, 1971; Lazarus, 1971; and Wolpe & Lazarus, 1966) or were standardized on a relatively homogenous college population (Bates & Zimmerman, 1971; Galassi, DeLo, Galassi & Bastien, 1974; Lawrence, 1970; McFall & Lillesand, 1971; and Rathus, 1973).

Designed for use with adults, the ASES samples assertive behavior across a broad variety of social
situations and thus allows identification of interpersonal problem areas. While the test results in a single score, this score represents a two-dimensional descriptive model of assertiveness; the dimensions include interpersonal situations and specific behaviors. The interpersonal dimensions embody situations which might elicit assertive behavior with specific persons, such as authority figures, friends, parents, and intimates. The specific behavior dimension measures behaviors such as refusing unreasonable requests, taking the initiative in conversations, expression of both positive and negative feelings, and asking favors. See Appendix D for the ASES items. Responses to questions can vary from "0" to "5" on a five-point Likert format. The reliability coefficients for two- and five-week test-retest situations were 0.88 and 0.91, respectively. Moderate to high construct validity was established by .001 correlations with Adjective Check List Scales (Gough & Heilbrun, 1965) and by a discriminant analysis procedure that resulted in a significant F value (F = 9.56, df = 3, 54, p. < .001). Factor analysis generally upheld the model used in construction of the ASES with 45 of the 48 items obtaining factor loadings of .40 or greater.

Procedure

Several days prior to an orientation meeting, a poster was placed in the Van Horn Youth Center at the Riverside Juvenile Hall. This poster posed questions
regarding common problems involving assertiveness. It contained an invitation to participate in a research project on assertiveness training to be explained at a meeting scheduled several days later. At the meeting the research was explained and participation invited in an assertiveness training program. Subjects were then enrolled.

The BSRI was administered by the investigator. Following a break, the ASES was administered. Because many items on these two instruments were above the reading level of the group, it was necessary to define certain words and phrases. Subjects individually requested definitions as needed during administration of the inventories. The investigator used common dictionary definitions. Items were defined consistently.

Training consisted of six sessions given in the Van Horn Youth Center, Riverside Juvenile Hall. All sessions were led by the investigator. She was assisted by a male graduate student in the counseling program at California State College, San Bernardino. This student was also a staff member of the Van Horn Youth Center.

Each session lasted approximately 1½ hours with a ten-minute break half way through the session. Summary descriptions of the training sessions are included in Appendix B. The sessions were, in part, audiotaped to provide feedback as part of response-shaping and strengthening procedures.
Several days following the final training session, the subjects were post-tested on the BSRI and the ASES. A month later they were given a follow-up test on both instruments. Then a debriefing was given which included interpretation of the individual test scores. The subjects were then thanked for their participation, and the training was concluded.

In the Girls' Treatment Unit, San Bernardino Juvenile Hall, the investigator placed a poster similar to the one posted in the Van Horn Youth Center. At the scheduled meeting the nature of a research project conducted by a college graduate student was explained. No information was given about assertiveness training itself.

The girls were invited to participate as control subjects. Volunteers were pre-tested on the BSRI and the ASES in the manner described for the experimental subjects. In addition, they were told the investigator would see them in approximately three weeks and again a month following that date for subsequent administrations of each scale.

Immediately after the follow-up test, the control subjects were debriefed with an explanation of the primary procedures and goals of assertiveness training. They were also given an interpretation of their individual scores on both measuring instruments and thanked for their participation in the project.
RESULTS

The results of the present study suggest that, contrary to prediction, delinquent female adolescents are not sex-typed feminine but rather are androgynous in sex-role orientation, as measured by the Bem Sex-Role Inventory (BSRI). Assertiveness training also appears to make no significant difference in the endorsement of either feminine or masculine personality characteristics. Contrary to predictions, there was no significant difference on the BSRI androgyny scores between those subjects receiving and not receiving assertiveness training. However, one-month follow-up evaluations of subjects' assertiveness measured by the Adult Self Expression Scale (ASES) indicated assertive behaviors were gained and retained by delinquent female adolescents receiving assertiveness training in contrast to subjects receiving no training.

The remainder of this chapter will present results obtained in conjunction with each hypothesis under study. The first hypothesis was analyzed by means of the Student's t test for independent samples (Kirk, 1968). Hypotheses 2 - 5 were each tested by using a split-plot factorial analysis of variance, as outlined by Kirk.
Hypothesis 1: Delinquent female adolescents will score significantly higher on their pre-test mean femininity score in comparison to their pre-test mean masculinity score on the BSRI.

The first hypothesis was not supported. Using a Student's t test to compare BSRI masculinity and femininity means for all delinquent subjects (N = 13), no significant difference was found between the mean femininity and mean masculinity scores ($t_{0.05,24} = -0.85$, n.s.). The similarity in mean masculine and feminine scores indicates the subjects scored androgynous on the BSRI, using Bem's (1974) scoring criteria in which androgyny is defined as equal or nearly equal endorsement of both masculine and feminine traits.

Table 1 presents the mean femininity and mean masculinity scores of the normative sample Bem (1974) used and the corresponding mean scores of subjects in the current study. The Bem mean scores were those of the females in her junior college normative sample. As can be seen, the delinquent subjects scored less feminine and more masculine than Bem's junior college sample. The delinquent subjects' masculinity and femininity scores also were closer together than the junior college scores (absolute score difference of .34 and .53, respectively), indicating greater androgyny for the delinquent versus junior college subjects.
Table 1
Bem and Current Study Femininity and Masculinity Mean Scores

<table>
<thead>
<tr>
<th></th>
<th>Mean Femininity</th>
<th>Mean Masculinity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bem Study</td>
<td>5.08</td>
<td>4.55</td>
</tr>
<tr>
<td>Current Study</td>
<td>4.50</td>
<td>4.84</td>
</tr>
</tbody>
</table>

Hypothesis 2: Delinquent female adolescents receiving assertiveness training in comparison to delinquent female adolescents not receiving assertiveness training will score significantly lower on the post- and follow-up tests mean femininity scores on the BSRI.

As can be seen in Table 2, the analysis of variance of femininity scores for the experimental and control groups across the three testing conditions found no significant interaction effect, $F(2, 22) = 1.78, p > .05$, thereby providing no support for the second hypothesis. The mean femininity scores for subjects receiving and not receiving assertiveness training as a function of testing condition are shown in Table 3. There was no significant difference between those delinquent adolescents receiving assertiveness training in comparison to those not receiving assertiveness training on the BSRI femininity scores.

In addition, there was no significant main effect for the testing condition, $F(2, 22) = 1.22, p > .05$. Subjects did not score significantly different in the pre-test, post-test, or follow-up test condition. Finally, there was no significant main effect for the training condition, $F(1, 11) = 1.82, p > .05$. 
Table 2
Analysis of Variance Summary Table for Unweighted Means Solution of BSRI Femininity Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Assertiveness Training Condition)</td>
<td>1.23</td>
<td>1</td>
<td>1.23</td>
<td>.82*</td>
</tr>
<tr>
<td>S within groups</td>
<td>16.49</td>
<td>11</td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td>B (Testing Condition)</td>
<td>1.11</td>
<td>2</td>
<td>.56</td>
<td>1.22*</td>
</tr>
<tr>
<td>AB (Assertiveness Training Condition X Testing Condition)</td>
<td>16.49</td>
<td>2</td>
<td>.82</td>
<td>1.78*</td>
</tr>
<tr>
<td>B X S within groups</td>
<td>10.13</td>
<td>22</td>
<td>.46</td>
<td></td>
</tr>
</tbody>
</table>

*p > .05, not significant

Table 3
Mean BSRI Femininity Scores for Training and No-Training Groups for Pre-, Post-, and Follow-Up Tests

<table>
<thead>
<tr>
<th>Testing Condition</th>
<th>Group</th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>Follow-Up Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assertiveness Training (N = 8)</td>
<td>4.54</td>
<td>3.80</td>
<td>3.93</td>
</tr>
<tr>
<td></td>
<td>No Assertiveness Training (N = 5)</td>
<td>4.58</td>
<td>4.74</td>
<td>4.21</td>
</tr>
</tbody>
</table>
Hypothesis 3: Delinquent female adolescents receiving assertiveness training in comparison to delinquent female adolescents not receiving assertiveness training will score significantly higher on the BSRI masculinity post- and follow-up mean test scores.

Table 4 presents the analysis of variance of masculinity scores for the training and no-training groups across the three testing periods. Once again, there was no significant interaction effect, $F(2, 22) = 2.12, p > .05$, so that the third hypothesis was also not supported. In addition, neither main effect was significant. The mean masculinity scores obtained by each group at pre-, post-, and follow-up testings are presented in Table 5. There was no significant difference between the mean masculinity scores of subjects receiving and not receiving assertiveness training at any of the testing times. The assertiveness training group did not become more masculine following receipt of training, as had been predicted.

Hypothesis 4: Delinquent female adolescents receiving assertiveness training will score significantly more androgynous in comparison to delinquent female adolescents not receiving assertiveness training on the post- and follow-up BSRI tests.

Table 6 shows the results of the analysis of variance of androgyny scores for each training group across the three testing conditions. Consistent with the previous two analyses, no significant interaction effect was found, $F(2, 22) = .41, p > .05$, thereby providing no support for Hypothesis 4. Once again, the main effects were also not significant.
Table 4
Analysis of Variance Summary Table for Unweighted Means Solution of BSRI Masculinity Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Assertiveness Training Condition)</td>
<td>.025</td>
<td>1</td>
<td>.025</td>
<td>.02*</td>
</tr>
<tr>
<td>S_within groups</td>
<td>18.530</td>
<td>11</td>
<td>1.680</td>
<td></td>
</tr>
<tr>
<td>B (Testing Condition)</td>
<td>.740</td>
<td>2</td>
<td>.370</td>
<td>1.12*</td>
</tr>
<tr>
<td>AB (Assertiveness Training Condition X Testing Condition)</td>
<td>1.390</td>
<td>2</td>
<td>.700</td>
<td>2.12*</td>
</tr>
<tr>
<td>B X S_within groups</td>
<td>7.180</td>
<td>22</td>
<td>.330</td>
<td></td>
</tr>
</tbody>
</table>

*p > .05, not significant

Table 5
Mean BSRI Masculinity Scores for Training and No-Training Groups for Pre-, Post-, and Follow-Up Tests

<table>
<thead>
<tr>
<th>Testing Condition</th>
<th>Group</th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>Follow-Up Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertiveness Training (N = 8)</td>
<td>5.54</td>
<td>4.38</td>
<td>4.53</td>
<td></td>
</tr>
<tr>
<td>No Assertiveness Training (N = 5)</td>
<td>4.58</td>
<td>4.83</td>
<td>4.41</td>
<td></td>
</tr>
</tbody>
</table>
Subjects receiving assertiveness training were not found to become more androgynous following their training. There was no significant difference on BSRI androgyny scores between delinquent adolescents receiving and not receiving assertiveness training. Table 7 shows the mean androgyny scores obtained by each group across the testing times. Comparing pre- to follow-up test scores, there appears to be a non-significant trend toward increased androgyny among both groups of subjects.

Hypothesis 5: Delinquent female adolescents receiving assertiveness training will score significantly higher on the ASES post- and follow-up tests in comparison to the delinquent female adolescents not receiving assertiveness training.

The analysis of variance performed on the ASES scores is presented in Table 8. As can be seen, neither main effect was significant. There were no significant ASES differences between groups across the testing conditions, and there was also no significant differences on ASES scores between testing times across subjects.

Table 9 presents ASES mean scores for both groups at each testing period. The analysis of variance did yield a significant interaction effect, $F(2, 22) = 4.77, p < .05$. Table 10 shows the results of the analysis of variance for simple effects. As can be seen, the nature of the interaction obtained was, unfortunately, not as had been predicted, thereby providing no support for the fifth hypothesis. The analysis of simple effects indicates that subjects
**Table 6**

Analysis of Variance Summary Table for Unweighted Means Solution of BSRI Androgyny Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Assertiveness Training Condition)</td>
<td>.86</td>
<td>1</td>
<td>.86</td>
<td>.23*</td>
</tr>
<tr>
<td>$\Sigma$ within groups</td>
<td>41.49</td>
<td>11</td>
<td>3.77</td>
<td></td>
</tr>
<tr>
<td>B (Testing Condition)</td>
<td>.06</td>
<td>2</td>
<td>.03</td>
<td>.20*</td>
</tr>
<tr>
<td>AB (Assertiveness Training Condition X Testing Condition)</td>
<td>.23</td>
<td>2</td>
<td>.12</td>
<td>.41*</td>
</tr>
<tr>
<td>$B \times \Sigma$ within groups</td>
<td>6.38</td>
<td>22</td>
<td>.29</td>
<td></td>
</tr>
</tbody>
</table>

*P $\geq .05$, not significant

**Table 7**

Mean BSRI Androgyny Scores for Training and No-Training Groups for Pre-, Post-, and Follow-Up Tests

<table>
<thead>
<tr>
<th>Testing Condition</th>
<th>Group</th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>Follow-Up Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assertiveness Training (N = 8)</td>
<td>-0.27</td>
<td>-0.58</td>
<td>-0.11</td>
</tr>
<tr>
<td></td>
<td>No-Assertiveness Training (N = 5)</td>
<td>-0.34</td>
<td>-0.09</td>
<td>-0.13</td>
</tr>
</tbody>
</table>
Table 8
Analysis of Variance Summary Table for
Unweighted Means Solution for the
Testing Condition and the Assertiveness Training Condition
for ASES Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Assertiveness Training Condition)</td>
<td>1848.230</td>
<td>1</td>
<td>1848.23</td>
<td>1.41</td>
</tr>
<tr>
<td>Ss within groups</td>
<td>14.412</td>
<td>11</td>
<td>1310.18</td>
<td></td>
</tr>
<tr>
<td>B (Testing Condition)</td>
<td>338.530</td>
<td>2</td>
<td>169.27</td>
<td>.65</td>
</tr>
<tr>
<td>AB (Assertiveness Training Condition X Testing Condition)</td>
<td>2495.200</td>
<td>2</td>
<td>1247.60</td>
<td>4.77*</td>
</tr>
<tr>
<td>B X Ss within groups</td>
<td>5757.560</td>
<td>22</td>
<td>261.71</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05

Table 9
Mean ASES Scores for Training and No-Training Groups for Pre-, Post-, and Follow-Up Tests

<table>
<thead>
<tr>
<th>Testing Condition</th>
<th>Group</th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>Follow-Up Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertiveness</td>
<td>Training (N = 8)</td>
<td>99.50</td>
<td>100.75</td>
<td>113.00</td>
</tr>
<tr>
<td>No Assertiveness</td>
<td>Training (N = 5)</td>
<td>135.00</td>
<td>122.20</td>
<td>121.00</td>
</tr>
</tbody>
</table>
Table 10

Analysis of Variance for Simple Effects of Testing Condition and Assertiveness Training Condition on the ASES

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between A at b₁</td>
<td>3877.69</td>
<td>1</td>
<td>3877.69</td>
<td>5.34*</td>
</tr>
<tr>
<td>Between A at b₂</td>
<td>403.39</td>
<td>1</td>
<td>403.39</td>
<td>.66</td>
</tr>
<tr>
<td>Between A at b₃</td>
<td>196.92</td>
<td>1</td>
<td>196.92</td>
<td>.32</td>
</tr>
<tr>
<td>Within cell</td>
<td>20169.56</td>
<td>33</td>
<td>611.20</td>
<td></td>
</tr>
<tr>
<td>Within Subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between B at a₁</td>
<td>1339.20</td>
<td>2</td>
<td>669.60</td>
<td>5.58*</td>
</tr>
<tr>
<td>Between B at a₂</td>
<td>601.93</td>
<td>2</td>
<td>300.97</td>
<td>2.51</td>
</tr>
<tr>
<td>B × S within groups</td>
<td>5757.56</td>
<td>22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05

Receiving assertiveness training had significantly lower ASES scores than no-training subjects at the pre-test time, which occurred before any of the experimental group subjects had received any assertiveness training, $F(1, 33) = 5.34$, $p < .05$. Training and no-training groups showed no significant ASES differences at post- or follow-up testing, however. The only significant effect of time of testing within groups was found for the assertiveness training group which showed, as expected, a significant difference between ASES pre- and
follow-up scores. These results reflect an increase in self-reported assertive behaviors. However, contrary to prediction, there was no significant difference between the ASES pre- and post-test scores for assertiveness training subjects.
DISCUSSION

While assertiveness training appeared to have significant effects on the follow-up scores of the experimental subjects, the hypotheses regarding the sex-role orientation of the subjects and the impact of assertiveness training on the subjects' sex-role orientation were not supported. It should be emphasized here that the small sample size renders the statistical analysis suggestive only, so that all subsequent discussion should be viewed within the context of findings from this study as tentative and requiring replication with a larger sample.

The hypothesis that delinquent female adolescents would be both traditionally feminine sex-typed and non-assertive was made because a correlation between these personality variables was found by Tolor, et al. (1976). Test results of the current study suggest, however, that the subjects were not feminine sex-typed. The mean pre-test femininity score on the BSRI for both the experimental and control subjects of this investigation was not significantly higher than the pre-test masculinity score. In addition, there was not a significant decrease on the mean femininity score on the post-test, nor a significant increase on the mean masculinity score, as had been predicted.
There is likelihood that the delinquent female adolescent differs from her non-delinquent counterpart in sex-typing. Indeed, her androgynous personality may facilitate acting out criminal behaviors. On the follow-up test of the BSRI, 10 of the 13 subjects in the total sample rated themselves as endorsing the "masculine" trait "taking risks" ($\bar{X} = 5.48$). More than 75% of the subjects gave this item a high rating of "6" or "7." This attribute appears to correlate with the lack of impulse control seen by a Chief Probation Officer, Stewart Smith, (1976) as characteristic of delinquents and of the immaturity that marks criminal behavior (Yochelson & Samenow, 1976).

In addition to "risk-taking", BSRI masculine traits subscribed to by nearly as high a percentage of subjects were "self-sufficient," "competitive," "strong personality," "assertive," and "defends beliefs." Such personality factors, when combined with the anti-social value system of a delinquent who sees her needs as unique (Yochelson & Samenow) may pre-dispose an adolescent female to engage in criminal behaviors. It is noteworthy that the female population, in comparison to the male population, at San Bernardino Juvenile Hall was reported in 1976 (Hacker, Note 9) to have increased sharply within the past six years. This shift may be due, in part, to the females being
androgynous by adopting more masculine traits, having shed traditional constraints of female sex-typing.

Training group subjects had a mean androgyny score (-0.11) on the follow-up test that was not significantly different from their mean androgyny score on the pre-test (-0.27); as was true of the no-training subjects, whose pre-test mean androgyny score (-0.34) was not significantly different from their mean follow-up androgyny score (-0.13). Hence, assertiveness training may have had little or no effect on sex-typing among these subjects. (As is stated elsewhere in this work, the closer a subject's score is to "0" on the BSRI, the more androgynous she is, using Bem's concept of androgyny.)

To explain the lack of significant change of mean androgyny scores an item analysis was made. (See Appendix C.) This analysis showed the training group generally had a slight decrease of high endorsements of masculine traits. On the other hand, there was continued high endorsement of "willing to take a risk," a trait characteristic of impulsive delinquent behavior. This factor, combined with continued high endorsement of "defends beliefs" suggests rigid attributes and is counter to androgyny, as Bem conceives it.

Shifts toward endorsement in the mid-range of certain feminine items, however, suggest the treatment program of
the institution and, possibly, assertiveness training, served to develop some increase in androgyne. Of importance is the fact that "yielding," a key traditional feminine trait, was dropped from endorsement in a high category by half the subjects on the pre-test to none on the follow-up test.

From pre-test to follow-up test the shift in mean androgyne scores toward absolute "O" by both groups of subjects may be attributed in part to marked decreases in high endorsement of "strong personality," "willing to take a stand," and "aggressive." The number of endorsees dropped with low ratings of "individualistic," as well. Hence, there were shifts in endorsement of items that appear related to increased assertiveness and to androgyne.

However, there was absence of change in other items that appear related to androgyne. Immaturity of the subjects and also faulty attitudes and thinking errors common to delinquents may account for some of the lack of change in ratings of these items.

Underlying the investigator's initial hypothesis that delinquent female adolescents are generally non-assertive and develop frustration that leads to crime was the assumption of a correlation between increased drug usage generally and the upsurge in juvenile criminality. Drug abuse is common among delinquents, observed Hacker
(Note 10). The "hard core" addict is passive-aggressive and resorts to non-violent crimes such as forgery and burglary, in the opinion of Monica (Note 11), a drug abuse counselor. Despite abuse of drugs by subjects of this research, there was only partial support found for the assumption of passivity. Also, BSRI results indicated that the subjects were not sex-typed feminine, but were androgynous.

Another unexpected finding was the pre-test ASES scores. The pre-test mean score of the experimental (102.3) on the ASES was at the low end of the assertiveness range, whereas the pre-test mean score of the controls (135) lay at the boundary of assertiveness and aggressive ranges of the ASES. It may be recalled that on this instrument the mean is 115 and the standard deviation is 20. The difference between the pre-test ASES means of the experimental and control subjects represents a major confounding variable and renders the control group ineffective as a comparison group because of the clear lack of comparability of the two groups on a self-reported assessment of assertiveness. Why this difference was obtained is not known, but it does underscore the fact that juvenile halls of detention in different cities or geographical areas, even though neighboring, may be treating different
adolescent populations. There are differences in treatment programs among detention halls, as well. It appeared to the researcher that the institution housing the control group (which had the higher pre-test mean score on the ASES) was more structured and may have generated variation in attitudes of the subjects that was reflected in their ASES scores. It seems apparent that generalization from one delinquent sample to another is hampered, and inconsistent results in the research literature may reflect subject variability across samples.

While the subjects in the present study shared problems of non-assertiveness in specific situations common to the population in general (Alberti and Emmons, 1970), their behavioral repertoire included many aggressive responses, by admission of the subjects themselves. Such aggressive behaviors include emotional outbursts and a history of personal attacks of a verbal and occasionally of a physical nature. As the ASES did not contain items clearly descriptive of such aggressive behaviors, scores may not reflect the degree of aggressiveness of the subjects. Such aggressive responses were special targets of the treatment programs of both facilities involved in this study. Modification of these responses was also incorporated in the assertiveness training. It is unavoidable that the research results were confounded by overlapping interventions.
To explain the non-significance of the post-test mean ASES score compared with the pre-test mean score, the experimental subjects may have been choosing a negative set of responses rather than responding in a way they thought the researcher desired. Such a possibility correlates with the prevalent rebelliousness of an adolescent toward an adult authority figure. The general mood of the subjects may have changed during the follow-up period, particularly as all of them were looking forward to release in the immediate future from the detention facility.

On the follow-up test of the ASES the training group received a significantly higher mean score than their pre-test mean score. These scores tend to support the effectiveness of the assertiveness training. Interestingly, the mean post-test and mean follow-up scores on the ASES of the no-training group decreased, though these results were not significant. This drop in their mean scores probably reflects a statistical regression to the mean because the pre-test mean was a full standard deviation above ASES norms.

There are several other uncontrolled variables that may have influenced this research project. While research was in progress, Proposition 13 amending the California Constitution was impending and was subsequently passed. The director of the institution where the training was conducted was of the opinion that this factor caused anxiety.
among staff members about future funding of the institution. This anxiety may have been transmitted to the research subjects and have been an influence on subject attrition. Drop-outs from the training and absenteeism might have been due, in part, to this disruptive atmosphere. In addition, enrollment was affected by admission to the institution of several new residents, who, as is typical of new residents, were initially resistant to the facility's program, according to Van Horn staff members. This resistant attitude probably was extended toward participation in the assertiveness training, in the view of the Assistant Director.

The detention hall of the experimental subjects had a total female population of only 12. In such a confined setting, possibly an intensified emotional climate with heightened self-consciousness regarding attempts at new assertive responses may have developed. Had the experimental subjects lived in a larger institution, they may have found more opportunity to experiment with assertive skills with a greater variety of individuals. All these factors may have contributed to the lack of significance between pre- and post-test mean ASES scores.

Another source of possible error in this research is the fact that the two psychological instruments used were self-report measures. While it is accepted practice to use
instruments of subjects' perceptions of their own behavior and attitudes as scientific data, it is desirable to substantiate these instruments when used as measures of behavioral change by behavioral measures made by others. Videotapes of training sessions assessed by trained, disinterested judges is an example of such a measure.

Possible bias of self-report measures may also be found in the familiarity subjects gain with the measures as they are re-used on post- and follow-up administrations. Expectations of what the experimenter regards as "favorable" responses may be learned and acted upon to gain approval of the researcher or to satisfy a need for self-approval when behavior modification may not have been internalized.

Feedback itself can be contaminated. In the view of the experimenter, group feedback occasionally appeared to be influenced by the popularity or lack of popularity of the subject with her peers. Popularity appeared to be a handicap to objective feedback; whereas, lack of popularity appeared to generate indifferent peer responses. Persons regarded as leaders by group members may exert greater influence on feedback when subjects are living and being schooled together on a 24-hour-a-day schedule in comparison to participants in groups not sharing intimate living arrangements.
Videotaping is less susceptible to contamination, presenting both visual and auditory cues. Previous works suggest its value (Foy, et al., 1975; Galassi, et al., 1974). Audiotaping was used at some of the sessions in the present project and appeared to be an asset in giving individuals identifiable and undistorted behavioral cues.

Other uncontrolled variables include the varying resident periods of subjects in the facility; some differences in demographic background (the population of both facilities housing experimental and control subjects was approximately 25% Chicano and 75% Caucasian), differences among staff members, some variation in the two treatment programs, and, of course, differences in the two physical institutions. The Van Horn Youth Center, site of the research project, was an open setting from which the male and female residents could freely leave. Having unbarred windows and spacious, well-furnished living quarters, there appeared generally to be a relaxed attitude on the part of the residents as well as the staff members.

The Girls' Treatment Unit, where the control group resided, had an unlocked entrance door, but was surrounded by a high fence with a locked gate. Barred windows and more restricted living quarters contributed to an atmosphere of relatively greater confinement. Male residents from another Juvenile Hall unit co-mingled with the female
residents on special occasions only. The more controlled physical setting appeared to be matched by a more structured attitude on the part of the staff.

These differences in the facilities may be factors that contributed to the control subjects, in contrast to the experimental subjects, possibly experiencing a greater sense of loss of freedom with increased frustration that was reflected in their significantly higher mean score on the ASES pre-test. This mean score can be defined as borderline aggressive on this scale.

Results may also have been influenced in unknown ways by difficulty some subjects in both groups had reading and comprehending certain vocabulary and phraseology items used on both measuring instruments. Questions of word meanings on the BSRI appeared to be easily resolved by written definitions provided by the experimenter and taken from Webster's Collegiate Dictionary (1972). The ASES evoked more difficulty as phraseology and dependent clauses of some items were confusing to certain subjects. Several subjects asked the experimenter to read some items as well as to clarify them. At least one of the questions described circumstances alien to the experience of most subjects: "If there was a public figure whom you greatly admired and respected at a large social gathering, would you make an effort to introduce yourself?" Confusion regarding some items appeared resolved by the researcher; nevertheless, accuracy of scores may be clouded by these factors.
Future Research

The outcomes of the present study point to certain issues and research techniques to be explored in the future. An assertiveness training program might be formulated to meet the special needs and interaction patterns of delinquent female adolescents. Assertiveness training generally has followed the orientation originated by Salter (1949) to deal with inhibitions. The aggressiveness of a delinquent population seems to require shifting the focus of the training to modification of thought patterns and behaviors that violate rights of others. If the apparent trend toward increased violence in our society continues, aggressive responses may be appropriate targets of assertiveness training for non-delinquent subjects.

One category of responses in which delinquents seem non-assertive is the giving and receiving of positive recognition of one another. Future researchers might give increased time to shaping such responses.

More definitive results could be obtained by a research design that would embrace control and experimental groups within the same institution. This was impossible in the present investigation due to the small number of female residents in each facility. If the design includes males, the number of subjects available would automatically increase. Possible resistance of males to taking this training may be
encountered as assertiveness is assumed to be a masculine trait (Bem, 1974). Given the possibility of a larger research population, homogeneity of subjects could be supported by random assignment to the experimental and control groups.

The most productive number of training sessions is yet to be determined. Kornfield (1974) speculated that assertiveness training with delinquent adolescents should extend over a 12-week period. On the other hand, Kazlo (1976) working with non-delinquent adults usually confines the number of sessions to four, believing the greatest gain in new assertive responses comes relatively quickly. Shortening the number of sessions might reduce absenteeism among delinquent adolescents.

The measuring instruments used in the present investigation were designed for adults. Vocabulary problems with the BSRI were easily solved with dictionary definitions. Some social interactions and phrases presented by ASES items evoked more requests for clarification. Several of the social interaction items were not pertinent to this population, as previously discussed. It is suggested an assertiveness inventory be developed that is more appropriate for delinquent adolescents. Such an instrument should include items to assess aggressive, deviant behaviors.
In the present study audio-taped feedback facilitated response-shaping; however, the experimenter agrees with Kornfield (1974) and Kazlo (1976) that videotaped feedback is superior. Videotaping has the added advantage of being a more useful tool as a behavioral measure of both verbal and non-verbal responses. These advantages make possible objective measurement of responses by trained judges.

In short, further investigation with delinquent adolescents should include tailoring an assertiveness training program to the special needs of delinquent female adolescents with a focus of modifying aggressiveness and acquisition of positive expressions regarding others. Confounding of results obtained by drawing subjects from different institutions can be overcome by doing research in a facility with a larger population or by including males in the study. The number of sessions may be increased or decreased to help determine an optimum number. Development of an assertiveness scale for delinquent adolescents is desirable. Finally, increased use of videotaped feedback holds promise for improved response-acquisition and response-shaping and also as a behavioral measure.
APPENDIX A

Poster for Van Horn Youth Center, Riverside Juvenile Hall
and Girls' Treatment Unit, San Bernardino Juvenile Hall

Do you have one or more of the following problems?
Can't look other people in the eye when you speak to them?
Can't say "no" when asked to do a favor you don't want to do?
Can't strike up a conversation with someone of the opposite
sex (or same sex)?
Can't tell your parents what you really think if it dis-
agrees with their views?
Can't tell a friend that something she/he is doing really
bothers you?
Can't deal with salespeople in stores?
Can't say "no" without feeling guilty?

If your answer is "yes" to any of these questions, you
may benefit from Assertiveness Training. You can learn to
express yourself better and feel more comfortable in com-
municating with friends, family, and work companions. Skills
may be learned in being persistent and also in coping with
criticism, mistakes, and manipulation. Assistance is given
in choosing personal goals that can lead to more satisfaction
in relating to others. Come to a meeting next ________
at ______ o'clock where more information will be given about
the training and questions answered about participation.

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APPENDIX B

Summary of Assertiveness Training Sessions

Pre-Session: Registration

Following introductions, the leader stated that the assertiveness training program is part of a research project and that before explaining goals of the training, both the Adult Self-Expression Scale and the Bem Sex-Role Inventory must be administered for pre-test scoring. At the conclusion of administration of these instruments, a 10-minute break was taken.

The second half of the meeting was opened with a statement of the following goals of assertiveness training: to make it possible for one to act upon needs and feelings in such a way that (1) others know what you want, think or feel; (2) one satisfies needs to the extent possible in a given situation; (3) one gives others the respect desired for oneself. Examples of non-assertive, assertive, and aggressive behaviors—all having the same goal—were demonstrated by the leader. A belief system, derived principally from Jakubowski-Spector (Note 10) was offered, incorporating the following personal rights:
1. To be treated as a worthwhile person.
2. To have my opinions accorded respect.
3. To have opinions that are different.
4. To be treated as a separate individual.
5. To be given a chance to change my behavior and not to be labeled.
6. To make mistakes.
7. To ask others what they think about my actions.
8. To feel angry.
9. To feel affectionate.
10. To have and to express preference of how others will act.
11. To ask others to change their behavior if it violates my personal rights.
12. To refuse requests from friends without having to make excuses or to feel guilty.

From Smith (1975), the following rights:

13. To change my mind.
14. To offer no reasons or excuses to friends to justify my behavior.
15. To say, "I don't know."
16. To say, "I don't understand."

These rights carry with them the following responsibilities:

1. To act like a worthwhile person.
2. To think through my opinions and to be open to the possibility of error.

3. To avoid giving different opinions for the sake of being controversial.

4. To adopt the attitude that there need not be "right" and "wrong" points of view, merely different points of view.

5. To avoid "dumping" my opinions on others.

6. To be willing to listen to the messages of others and also to acknowledge them.

7. To avoid making the same mistake again and again.

8. To make the best use of second chances.

9. To be responsible for the consequences of my behavior.

10. To keep my agreements.

11. To support others keeping their agreements.

12. To be honest in my actions as well as in my statements.

A discussion of these rights and responsibilities was held. The meeting was then adjourned.

First Training Session

The session was opened with a review of the goals of assertiveness training discussed at the registration meeting.

Using a structured situation technique to model the skill persistence, called by Smith (1975) "broken record," the leader roleplayed with a volunteer a person refusing
to buy from a door-to-door salesperson. The group was sub-divided into groups of four. Then they were coupled as dyads, with one person alternately roleplaying the salesperson and the other a prospective customer. Feedback was given by the spectators. Discussion of reactions followed, and a break was taken.

Next participants were asked to consider situations in which each one wanted to develop assertive skills. Such situations should involve one of the following factors: (1) to establish a relationship with someone; (2) to express feelings, beliefs, or opinions; (3) to state an objection or point of view in opposition to that of another; (4) to set limits for another in regard to what can be expected or demanded of her; (5) to obtain something she wants. The participants were asked to be as specific as possible.

Forms were distributed for recording in vivo situations. The group was asked to rank the easiest of these situations with "1"; the most difficult with "5"; and the remainder "2", "3", and "4" according to difficulty. The leader collected the forms to check them. A five-minute break was taken.

Identification and analysis of the components of assertive behavior were explained: (1) content of the
message—a clear, simple, direct statement having a specific goal; (2) eye contact with the person spoken to; (3) facial expression that is appropriate to the message; (4) body posture and movements—turning toward the person spoken to with relaxed posture and appropriate gestures; (5) voice tone and quality—firm tone with steady rhythm. The participants were asked to practice the first assertive skills on their personalized list in the interim before the next training session. Forms were distributed for recording results. As a guide, they were given a formula for covert rehearsal developed by Bower (1976): describe the situation, express your emotions, specify a solution or assertive goal; state positive, and if necessary, negative consequences. The session was concluded, as were all subsequent sessions, with the distribution of a written review of the principles discussed.

Second Session

The first item on the agenda of this and of following meetings was sharing of reactions to new assertive behaviors attempted and learned since the first session. Emphasis was on the personal skills and goals each member chose. Positive reinforcement was emphatically given for all efforts and successes.

With a volunteer the leader roleplayed an interaction at a party in which a person wishes to admonish the host.
to handle more carefully records she has lent him. Examples of three ways to do this were demonstrated—passive, aggressive, and assertive. Participants were asked to identify non-assertive and assertive behaviors modeled.

A self-disclosure skill (Smith, 1975) was explained. To illustrate it, the leader and a volunteer roleplayed a conversation involving a request to borrow a valued stereo. Subdividing into dyads, participants took turns playing roles requesting and refusing the sharing of a valued possession.

With the re-forming of the entire group, participants rehearsed their personally selected assertive skills and were given feedback. These procedures were also part of all subsequent sessions.

Participants were reminded to keep written records of their assertive attempts and successes between meetings. A written record serves to increase awareness.

Third Session

"Subjective units of discomfort," conceived by Wolpe (1958) was introduced. Participants were invited to take a fantasy trip to a pleasant place and to relax. They were asked to take their "comfort" reading on a scale of "0" to "100." It was suggested that they imagine themselves in the interpersonal situation they are presently rehearsing.
for increased assertiveness. Again, on a scale of "0" to "100" they were asked this time to take a "discomfort" reading. To relax themselves, they were told they could re-take their fantasy trip to return to their desired comfort level. In the future this procedure could be repeated when they found themselves or visualized themselves in anxiety-producing situations.

Assertive elements of eye contact were reviewed. An eye contact exercise was given with the goal of maintaining eye contact for one minute. Reactions to this exercise were then shared.

Social conversation skills (Smith, 1975) were discussed. The leader and a volunteer roleplayed a "boy-meets-girl" interaction, with players offering "free information" about themselves and disclosing personal feelings. Group members were asked to choose a partner and employ these skills in a simulated situation.

The group was divided into sub-groups of four. The second-ranked situation was roleplayed by each participant. The leader and participants offered clues on how each one might improve goal-achievement, if this was needed. Undue pressure was avoided. With the re-assembling of the entire group, experiences and feelings were shared.

Participants were asked to practice in vivo behaviors rehearsed. Covert rehearsal was encouraged.
A goal of attempting some type of new assertive behavior was suggested.

**Fourth Session**

"Fogging," a technique to deal with criticism by accepting it as the viewpoint of another (Smith, 1975), was discussed and modeled. This technique was combined in a roleplay interaction with the techniques "broken record" (persistence) and self-disclosure to demonstrate a way to respond to a recalcitrant clerk in returning a radio for a cash refund.

As in all sessions, following the structured interaction exercise, participants rehearsed their personal assertive behavior goals. As a goal was achieved to the satisfaction of the participant, the next higher ranking one was discussed and rehearsed.

**Fifth Session**

Assertiveness as an avenue for maintenance of self-respect was discussed. In dealing with another person who is also assertive, a workable compromise (Smith, 1975) can be developed to resolve differences. It is based on the issues of the dispute rather than on the strength of the personalities. As illustration of this skill a scene was modeled between a boy and his girl friend with whom he has just started to go steady to accompany him to a movie. While she does not wish to see a movie, she does want to
spend the evening with him. Together they arrive at a compromise.

To assertively cope with mistakes of one's own making, the skill of agreement with valid criticism was introduced. An interaction was roleplayed of a mother and her teenage daughter who are to meet to go shopping. The daughter is late and is criticized by the mother. The daughter acknowledges the criticism with respectful assertiveness. In discussing this interaction, the leader cautioned that sarcasm, frequently resorted to in conflict situations, usually escalates emotional levels, making resolution more difficult. A key principle demonstrated here is that assertiveness properly used incorporates respect for the rights of others, and, therefore, takes conflict situations beyond win-lose and right-wrong perspectives.

Sixth Session

The group was asked to review what they had learned and what assertive behaviors they had developed during the course of the training. The leader gave specific and general reinforcement for progress made.

As a final structured interaction, the giving and receiving of compliments was modeled. Having given instructions that participants were to respond with a simple
"thank you," the leader gave each one a sincere compliment. The role of giving compliments was then rotated among the participants. With the sharing of reactions to this positive exercise, the training was concluded.
Reference Notes


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