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The effects of modeling, behavioral rehearsal, and videotape feedback in assertive training : a thesis ...

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THE EFFECTS OF MODELING, BEHAVIORAL REHEARSAL, AND VIDEOTAPE FEEDBACK IN ASSERTIVE TRAINING

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ABSTRACT

This study investigated the relative effectiveness of (1) modeling, (2) modeling plus behavior rehearsal, and (3) modeling, behavior rehearsal, and videotaped feedback in assertive training. Twelve psychiatric outpatients were randomly assigned to three treatment groups, each of which received 5 hours of training. Four additional subjects served as a waiting list control group.

The dependent measures used were the Assertive Behavior Situation Test (ABST), a behavioral role-play test, and two additional paper and pencil measures (Constriction Scale and Fear of Negative Evaluation). Each of these measures was administered at pre- and posttest sessions.

Split-plot 4.2 analyses of variance (Kirk, 1968) yielded a significant trial effect on both of the pencil and paper measures but not on the ABST. There were no significant group effects on any of the measures, nor were there any group X trial interactions.

The implications of these results on previously reported assertive training research were briefly discussed.

INTRODUCTION

The replacement of self-defeating emotional and behavioral inhibitions by appropriate assertive skills is a common clinical concern. Until recently, persons deficient in assertiveness have been treated by means of traditional psychotherapy, either individually or in groups. Unfortunately, little is known of the success of these treatments among unassertive clients, (Maslow, 1954; Perls, 1969; Yalom, 1970).

According to Alberti and Emmons (1973) the term "assertiveness" refers to various behaviors that "enable a person to act in his own best interests, to stand up for himself without undue anxiety, or to exercise his own rights without denying the rights of others." For other investigators, assertive behavior has been defined as, "a socially acceptable method of expressing personal rights" (Wolpe and Lazarus, 1966); "a behavioral response which inhibits anxiety" (Wolpe, 1969); "an ability and willingness to say 'no' to unreasonable demands" (McFall and Lillesand, 1971); "an effective and appropriate response to an interpersonally distressing situation" (Hedquist and Weinhold, 1970).

Unassertive behavior, on the other hand, is usually seen as self-denying and self-inhibiting. The unassertive person is thought to feel hurt and anxiety ridden. He

seldom achieves his goals because he allows others to choose for him (Alberti and Emmons, 1973). The unassertive individual is described as lacking in self-confidence and being anxious and inept in interpersonal relationships. The general consensus of many writers (Wolpe and Lazarus, 1966) is that unassertive people are afraid to speak or act appropriately, either because they lack the skills to do so or because they fear some reprisal that would leave them in psychological shambles. Their behavior is often constrictive. That is, they freeze up, resorting to passive withdrawal and/or silence. Alberti and Emmons (1973) distinguish the situationally unassertive person from the generally unassertive person. The former becomes anxious and displays ineffective behavior only in specific situations. The latter is shy and timid in almost all situations. Typically, he has low self-esteem and is very anxious.

The therapeutic techniques of <u>assertive training</u> has been developed to help people learn to behave more assertively. Salter (1949) was the first investigator to develop a specific learning theory of assertive and unassertive behavior. According to his model, people are either excitatory or inhibitory types. He claims that an excitatory person is direct and acts without restraint, while the inhibitory person continually acts under restraint.

Wolpe (1969), following Salter's lead, was the first to actually use the phrase "assertive training". Wolpe views the assertive response as a means of reciprocally inhibiting

anxiety. He suggests that among assertive individuals, the anxiety which normally accompanies emotional arousal is inhibited. According to Wolpe, the consequences of assertive responses---e.g., a reduction of anxiety, the expression of legitimate demands, and control in social situations---are positively reinforcing. Thus, they reinforce the act of behaving assertively. Wolpe's assertive training program involves an attempt to teach individuals to produce assertive responses through the use of cognitive restructuring and instructions. In so doing, he encourages direct expression of feelings and makes frequent use of behavioral rehearsal.

Cognitive restructuring and behavioral rehearsal are also the main components of Lazarus' (1971) assertive training program. Lazarus defines assertiveness as standing up for one's rights. Although he states that "training in emotional freedom implies the recognition and appropriate expression of each and every affective state. . .", he adds that ". . . assertive behavior will denote only that aspect of emotional freedom that concerns standing up for one's rights (Lazarus, 1971, p. 116)." For Lazarus, emotional freedom results in increased self-respect, social adaptability, closer and more meaningful relationships, and reduced anxiety. In Lazarus' view, cognitive restructuring is important because unassertive people contribute to their own subjective distress by subvocally telling themselves that they cannot handle social situations or that they are inherently inferior.

According to Lazarus, the unassertive person lives

in a world of misconceptions. His unexpressed feelings and irrational thoughts continually tell him that he is inferior and worthless; that he cannot handle a situation effectively. As Lazarus (1971) states:

> The bulk of therapeutic endeavors may be said to center around the correction of misconceptions. The people who consult us tend to view innocuous events as strongly noxious situations. Therapy often strives to show people how to separate subjective from objective dangers. Thereafter, the emphasis is on avoiding or coping with objectively hazardous events while ignoring the innocuous situations (p. 165).

Assertive training has been shown to be an effective behavioral method of dispelling these misconceptions. Alberti and Emmons (1973) have prepared a manual on assertive training that is appropriate for both layman and the professional therapist alike. This self-paced book helps the reader to develop a repertoire of effective assertive behaviors, through which he may become more spontaneous and fully functioning.

Several techniques, including modeling, behavior rehearsal, and videotape feedback, have been utilized to teach assertive behavior. Modeling involves participation by the therapist in role-playing relevant situations. The therapist demonstrates appropriate assertive behaviors which the client can then imitate. Behavior rehearsal requires that the client and the therapist act out relevant interpersonal interactions together. The client plays himself, with the therapist assuming the role of a significant person in the client's life. This procedure can be an effective way to pinpoint the exact

behaviors the client is in need of changing. The use of videotape feedback is believed to facilitate more precise descriptions of the verbal and non-verbal components of assertive behavior, which in turn can serve as an aid to learning. The primary goal of all of these techniques is to help the unassertive individual develop more effective interpersonal skills. McFall (1971) states that the therapeutic objective of assertive training is:

> to provide patients with direct training in precisely those skills which they lacked. It has been assumed that as skillful, adaptive responses are acquired, rehearsed and reinforced, the old maladaptive responses will simply be displaced and disappear (p. I).

To date, only a modest amount of experimental research has been undertaken to assess the effectiveness of assertive training. While there is considerable evidence that assertive training can produce beneficial behavior change (Friedman, 1968, 1971; Hedquist and Weinhold, 1970; McFall, 1971; Rathus, 1972), most of these studies have been laboratory analogues, consisting of limited types of treatment administered for a short period of time to non-clinical populations such as college students. Relatively few controlled studies have examined the effectiveness of assertive training with <u>bona fide</u> psychiatric patients.

Furthermore, in the controlled studies that have been reported (Friedman, 1968; Hedquist and Weinhold, 1970; McFall, 1971; Rehm and Marston, 1968), assertive training has typically involved the combined use of several techniques

simultaneously (e.g., covert modeling with coaching, modeling plus role-playing, or reflection-interpretation and behavioral rehearsal). Consequently, little is known of the relative contribution of each technique as a separate component.

One exception to the paucity of data on the component analysis of assertive training stems from the work of McFall and his associates, (McFall and Lillesand, 1971; McFall and Marston, 1970; McFall and Twentyman, 1973). Their experiments, using college students as subjects, suggest that behavior rehearsal is the most powerful contributor to change in unassertive persons. McFall and Marston (1970) compared the effects of behavior rehearsal (performance and no performance feedback) with placebo therapy and a no treatment control. The results revealed that the two behavioral techniques were significantly better than the two control procedures on behavioral, self-report and in vivo measures of assertion. McFall and Lillesand (1971) examined the short term effects of overt rehearsal with modeling and coaching, covert rehearsal with modeling and coaching, and an assessment placebo condition. As in the McFall and Marston (1970) study, both experimental groups evidenced greater pre-post changes on self-report and behavioral measures than the control group. In addition, subjects in the covert rehearsal group generally showed the most pronounced change in both self-report and behavioral laboratory measures. Presumably the covert procedure protected subjects from any external evaluation, thereby minimizing avoidance behavior, and

facilitating learning.

McFall, et. al. also suggest that modeling can be a valuable procedure to modify unassertive behavior. The results of Eisler et. al., (Eisler, Hersen, Miller, 1973c; Eisler, Miller, and Hersen, 1973b; Eisler, Miller, and Alford, 1974), and others (see Bandura, 1969) have shown modeling to be a valuable behavior modification technique, as well. This second group of researchers (Eisler et. al.) conducted a series of analogue studies using clinical populations in which modeling was found to be an effective procedure for increasing assertive responding.

The use of videotape facilitates precision in defining and measuring behaviors for subsequent replays (Eisler, Hersen, and Agras, 1973). Muzekari and Kamus (1973) suggest that the utilization of videotape feedback can facilitate interaction and teach patients functional behavior. Melnick (1973) attempted to explore the efficacy of videotape feedback and participant modeling to increase the minimal dating behavior of college students. His results indicate this technique to be useful in inducing behavior change. In a recent study (Arnkoff and Stewart, 1975) videotaped feedback was found to be the most effective method for helping subjects make important discriminations in solving personal problems.

While many of the studies cited above provide suggestive evidence for the importance of modeling, behavior rehearsal, and videotape feedback in assertion training, the relative contribution of these techniques needs further study.

Assertive training has failed to become a well defined set of empirically grounded procedures.

The present study was designed to experimentally assess the additive effects of modeling, behavior rehearsal, and videotape feedback in teaching assertive skills. Psychiatric outpatients served as subjects. In many cases the problems of these individuals can probably be attributed to deficiencies in their ability to behave assertively with others.

A major purpose of this study was to compare the relative efficacy of three methods of increasing assertiveness with clinical populations. The first involved the use of therapeutic instructions and modeling. The second consisted of instructions and modeling, but in addition behavior rehearsal was used. The inclusion of this component enabled subjects to practice what they had previously observed. The third method was identical to the second except that rehearsal procedures were supplemented by videotaped feedback of the subject's performance. A fourth group (waiting list control) was also included to control for extraneous treatment effects, including those resulting from the passage of time, therapist contact, and assessment. This group did not receive conventional assertive training, however.

Based on the results of past studies (Friedman, 1968; Hedquist and Weinhold, 1970; McFall, 1971; Rathus, 1972; Eisler, 1973, 1974), it was expected that subjects receiving assertive training would show an increase in assertiveness, when compared

to the nontreated control subjects. Of greater importance, however, was the relative effectiveness of the three treatment groups. In this respect, it was predicted that the most effective treatment would be the one incorporating modeling, behavior rehearsal, and videotaped feedback. Similarly, the group receiving modeling and rehearsal, but without videotaped feedback, should perform better than the one receiving instructions and modeling alone.

METHOD

Subjects. The subjects were sixteen hospital outpatients (10 women, 6 men) made available through an agency of the San Joaquin County Mental Health Services. They were between the ages of 27 and 44 with an average age of 32. Two of the subjects were care facility residents and the rest lived independently in the community. Some had been previously hospitalized for psychiatric problems. All subjects were randomly assigned to groups. Participation in the study was on a voluntary basis. The subjects were recruited following a visit by the author to the treatment facility. Subjects were given a brief description of assertiveness and its intended benefits. Following this, those who were interested in the program were asked to participate. The study was conducted at the San Joaquin County Day Treatment Center, a facility in which all the clients were receiving treatment.

Therapists. The therapists were two graduate students in psychology, one male and one female, who served as trainers for each of the treatment groups. Both therapists had conducted assertive training groups previously.

Response Definition. For purposes of this study, assertive behavior was defined as verbal behavior in interpersonal situations in which a subject either (a) initiated a social interaction, (b) stood up for his rights when challenged,

(c) expressed appropriate anger when he was provoked, or (d) expressed currently experienced thoughts and emotions (including positive affect). Efforts to promote and refine these behaviors by instructions and therapist social reinforcement were undertaken in each of the assertive training groups.

Instruments. Three assessment devices were used to measure assertiveness. The first measure was the Assertive Behavior Situation Test (ABST), which assesses actual performance of assertive behavior in role-played situations. The remaining two measures were standardized paper and pencil devices consisting of the Constriction Scale 2 (CS2) and the Social Avoidance and Distress and Fear of Negative Evaluation (SAD and FNE). Each of these measures are described below.

Assertive Behavior Situation Test. Modified from similar devices used by McFall and his colleagues (1970) with college students, as well as by Friedman (1968), the ABST (Appendix I) is a direct behavioral measure designed to assess the subject's reaction to role-played social situations involving combinations of (a) standing up for one's rights, (b) initiating social interactions, (c) expressing one's feelings honestly and directly, and (d) showing anger in a provoking situation.

The ABST was administered to each subject as follows: the experimenter brought the subject into a private room and gave him instructions about the procedure. The instructions

consisted of asking each subject to listen to audiotaped social situations and then respond to the situations as best he could. Two cassette tape recorders were put before the seated subject, one to record the subject's responses to the stimuli of the ABST that would be presented on the other. After the experimenter turned on both machines and left the room, the subject listened to a narrator describe the task. After listening to the recorded models role-play two sample interactions (between a father and son in which the presence or absence of assertiveness in the son is the issue), the subject heard a scene calling for assertiveness described for him by the narrator, followed by instructions. The subject was given approximately ten seconds in which to initiate a conversation with the pre-recorded actor in the scene described. The actor then gave pre-recorded responses at ten-second intervals, followed by an opportunity for the subject to respond. There were a total of five subject responses to the scene. The narrator then presented another assertive situation and the procedure was repeated. At the conclusion of this second series of responses, the subject called the experimenter to turn off the equipment and the testing procedure was terminated. This procedure was carried out at pretesting and posttesting in the same manner.

The ten responses made at each testing were scored by two independent raters who were experimentally naive as to the conditions of the experiment. A six point Likert type scale was used to rate each response, with a higher score

signifying greater assertiveness. A mean score was calculated for each subject at pretesting and posttesting by totaling the scores from the two taped situations and dividing this by two. The highest possible score of either pretesting or posttesting was 30.

Constriction Scale 2. Bates and Zimmerman (1971) have developed a self-report scale for the expressed purpose of selecting unassertive people for assertive training, (Appendix 2). Subjects are asked how they would respond (either assertively or unassertively) to a variety of common social situations. The instrument consists of 29 hypothetical situations (including 6 filler items). The authors employ the term "constriction" rather than unassertiveness because they believe unassertiveness can be adaptive under some conditions. Constriction, as measured by the CS2, is related to measures of dominance, deference, autonomy, fear and affiliation, (Bates and Zimmerman, 1971). The constricted person appears to be submissive and fearful; he withdraws from other people and tends to derive less pleasure from environmental stimuli than the aveage person. A total score is obtained by summation of keyed responses. Low scores represent high constriction, or unassertiveness. This instrument was administered at both pre- and posttesting sessions.

Social Avoidance and Distress and Fear of Negative Evaluation (SAD and FNE). Watson and Friend (1969) have developed these scales (Appendix 3) for use as measures of

social evaluative anxiety. The SAD consists of items measuring two constructs: (1) social avoidance, defined as "avoidance of being with, talking to, or escaping from others for any reason (p. 449)"; and (2) social distress, defined as the "reported experience of negative emotion, such as being upset, distressed, tense, or anxious in social situations, or the reported lack of positive emotion such as being relaxed, calm, at ease, or comfortable (p. 449)." The FNE is a 30-item scale which assesses apprehension about others' evaluations, distress over negative evaluations, avoidance of evaluative situations, and the expectation that others will evaluate oneself negatively. Subjects respond "true" or "false" to items describing the presence or absence of social evaluative anxiety.

The use of these scales is indicated in this study because unassertive individuals commonly complain of social discomfort, anxiety over the evaluations others make or might make of them, and the urge to withdraw from social contact (Wolpe, 1969). Consequently, it was expected that an increase in assertive behavior would be followed by a decrease in social evaluative anxiety.

Treatments

For all subjects, the treatment period lasted two and one-half weeks. Clients in each of the three treatment conditions met twice a week, for a total of five sessions. Pretesting took place one week before the start of the training

program, while posttesting took place one week after treatment had ended. All training sessions lasted approximately one hour. Clients in the waiting list control group were pretested and posttested along with each of the subjects in the treatment groups.

Group Assertive Training with Modeling and Instructions. Each of the three assertive training groups were conducted according to the following format:

I. Session 1
   A. Members of the group were introduced to each other and given a chance to become acquainted with one another and with the group leaders.
   B. A conceptual foundation of group assertive training was explained to the group:
      (1) the therapists presented the rationale for assertive training, techniques to be used, and the meaning of "being assertive." For example, clients were asked for situations from their personal lives in which they could take more assertive action.
      (2) the rationale for assertive training was that all people have a right to personal dignity without untoward fear of social criticism (cognitive restructuring). The therapists proposed to help clients develop a more adequate repertoire of assertive behaviors so that the range of socially effective behaviors available to them would be increased.

II. Sessions 2, 3, and 4
   A. The therapists modeled appropriate assertive behaviors based on subjects' suggestions to help subjects discriminate between assertive, unassertive, and aggressive behaviors.
   B. Homework assignments were given in which subjects were asked to report each session about some situation that arose outside of treatment in which they acted either assertively or unassertively.

III. Session 5
   A. The therapists continued training during this session and then conducted a brief wrap-up at the end of the meeting. The wrap-up given by the therapists consisted of individual feedback of assertive performance given to each subject in the group as to his/her assertiveness.
   B. Time for posttesting was assigned.

Group Assertive Training plus Behavior Rehearsal. This treatment group followed essentially the same outline as that of the previous group with the following additions.

Sessions 2, 3, 4, and 5
The group members modeled for each other, role-played and rehearsed behaviors to be learned. Interaction between group members on here and now behaviors was encouraged to provide opportunities for practicing assertive behavior "in vivo."

Group Assertive Training plus Behavior Rehearsal and Videotaped Feedback. This treatment group followed essentially the same outline as that of the previous groups with the following additions:

Sessions 2, 3, 4, and 5
The subjects received individual feedback identifying specific components of appropriate and inappropriate behaviors from the videotape which was expected to provide more opportunities for interactions between members of the group and the therapists during the training sessions. The videotaped feedback was used to pinpoint responses that were and were not appropriate in role-played situations. Each subject was assigned specific situations calling for assertive action. The vignette was immediately played back for the group and the subject was asked to identify his own appropriate and inappropriate behaviors. The group then gave additional feedback on the subject's videotaped

performance. This procedure was carried out for all video treatment subjects in sessions 3, 4, and 5.

Waiting List Control Group. Clients in this group received pretesting and posttesting only. They were told that an opportunity for treatment would be available at some later time.

RESULTS

Separate split-plot 4.2 analysis of variance (Kirk, 1968) were carried out on each of the dependent measures. The between group variables were modeling, behavior rehearsal and videotaped feedback. The within group variables were pretesting and posttesting sessions. Individual subject data on all response measures are shown in Table 4.

Insert Table 4 about here

ABST. The analysis of scores from the behavioral role-playing test failed to yield any significant effects (Table 1). Individual *t* test comparisons between the post-test means (Figure 1) at 20 failed to yield any significant results. The *t* value between the Videotape and Modeling groups was 1.07; between the Videotape and Behavior Rehearsal groups it was 0.15, between the Behavior Rehearsal and Modeling groups it was 1.22. Dunnits *t* test (Kirk, 1968) was used to compare each of the treatment groups with the waiting list control group. It also failed to show any significant differences at or below the .05 level.

Insert Table 1 and Figure 1 about here

Inter-rater reliability for the ABST scores was 89% at pretest and 87% at posttest. These percentages were calculated by dividing the higher total score rating between the two judges into the lower rating.

CS. The ANOVA of CS scores (see Table 2) yielded a significant trial effect (F (1,12)=9.65, p .01), with subjects describing themselves as less constricted at posttesting than at pretesting (Figure 2). However, no significant group effect was found, nor was there a significant interaction effect. The interaction effect approached significance, however (F (3,12)=3.49, p .10). Individual t test comparisons on the posttest means failed to yield any significant results. Interestingly, subjects in the videotape group showed virtually no improvement on this measure. The greatest gains were made by subjects in the Modeling and Behavior Rehearsal groups (Figure 2).

Insert Table 2 and Figure 2 about here

FNE. As with the CS measure, the analysis of FNE scores (Table 3) yielded a significant trial effect (F (1,12)=8.22, p .05). Subjects reported less social-evaluative anxiety from pretesting to posttesting, with overall mean scores of 30.7 and 39.0 respectively (see Figure 3). However, there were no significant differences between the groups nor was the interaction effect significant, individual t test

comparisons on the posttest means failed to yield any significant results.

Insert Table 3 and Figure 3 about here

Intercorrelations Between the Dependent Measures. Pearson product-moment correlations were calculated on the posttest scores for the three dependent measures to determine the degree of the relationship between them. The correlation for the CS and ABST scores was .024, for the ABST and FNE it was -.26, and for the CS and FNE it was .776. A test for significance was carried out on all correlations and yielded a *t* value of 4.67 (*p*. 01) between the CS and FNE. The correlation between the FNE and ABST scores was not significant.

DISCUSSION

An examination of previous literature suggests that standard assertive training techniques, such as videotaped feedback, behavior rehearsal, role-playing, and modeling, can bring about beneficial behavior change when college students are used as subjects (Friedman, 1968; McFall, 1971). The present study was conducted to determine the relative effectiveness of these techniques when they were used to treat psychiatric outpatients.

While the results showed that some of the subjects became more assertive after treatment, especially when measured by their own self-assessment, they did not support earlier predictions regarding the superiority of behavioral rehearsal and videotape feedback as therapeutic techniques. Contrary to expectation, there were no significant differences between the groups on any of the measures used. On the behavioral measure, the ABST, the ordered performance of the groups was in the predicted direction, however, neither the group main effect nor the trial X treatment interaction was significant. Individual comparisons between the posttest means on the ABST also failed to show reliable differences. Essentially the same results were obtained on the paper and pencil measures. Again, none of the predictions were supported.

A number of factors may account for this discouraging

outcome, including the relatively small sample size, the brevity of the treatment phase, and the fact that the subjects were actual patients. While other studies (Friedman, 1968; McFall, 1970, 1971; Rathus, 1968) have shown appreciable change following short-term assertive training with college students, the subjects in the present study almost certainly had more severe behavioral disorders. Consequently, a more powerful or long lasting treatment would probably be required before reliable between group or within group differences could be detected.

The data did indicate that the subjects' posttest performance (including some of those in the untreated control group) on the CS and FNE measures was significantly better than their pretest performance. These results can be partially explained in terms of the demand characteristics of the experimental situation (Orne, 1962). That is, subjects in the study may have tried to present themselves in a more favorable light at posttesting because they believed that "improvement" was expected of them. Their responses could have changed to comply with what they perceived as the demands of taking part in the study. Galassi, Galassi, and Litz (1974) report similar findings in that subjects who were pretested performed better on posttest measures than control subjects who were not pretested.

The adequacy of the role-play test (ABST) as a valid substitute for <u>in vivo</u> behavioral assessment may be questioned. Miller (1972), reviewing the literature on role-playing and

deception in psychological research, concludes that:

> People may or may not be able to role-play in a form similar to their actual behavior. Only a direct comparison suffices as proof, thereby negating the ethical superiority of role-playing as an alternative. Even if role-playing produces data comparable in its topography to actual behavior, it is not precisely the same thing as the actual behavior in its antecedent and theoretical properties (p. 634).

Nevertheless, it was assumed that the role-play device used in the present study provided a valid sample of subjects' assertive behavior, and a meaningful test of actual improvement in real life assertiveness. However, incorporating more "natural" behavioral measurements might be a noteworthy addition for subsequent research. McFall and his colleagues (1970) have adopted non-reactive, direct measures of assertive behavior with encouraging results.

As noted above, the results of this study are inconclusive and not consistent with those of previous research. Friedman (1968) demonstrated that modeling is an important component of assertive training. McFall and Lillesand (1971) have stressed the importance of behavior rehearsal in modifying unassertive behavior, and theoretically the use of the videotape medium is ideally suited for this purpose (Eisler, Miller, and Hersen, 1973c; Eisler, Hersen, and Miller, 1973b; Hersen, Eisler, and Miller, 1973; Serber, 1972). Nevertheless, in the present study there appeared to be no additive effect by combining modeling, behavior rehearsal, and videotape feedback. Larger samples, lengthened treatment

time, and more precise measurement methods are needed for future outcome research on assertive training.

The three measures used in this study were correlated to ascertain the magnitude and direction of the relationship between them. While a high positive correlation was found between scores on the CS and FNE, there was no correlation between either of the pencil and paper tests and the behavioral measure of assertion. These results indicate a strong positive relationship between self-reported unassertiveness and anxiety in social situation. However, the behavioral measure, the ABST, showed no significant relationship to self-reported unassertiveness or social anxiety. The self-report measures probably assess an aspect of assertiveness different from that measured by the ABST. Further attention needs to be addressed to the validity of the instruments commonly used to measure assertiveness.

It may be that higher scores on the self-report measures reflect changes, at the time of posttesting, in attitudes or beliefs about assertiveness that are not necessarily accompanied by overt behavioral change, such as an improved ability to act more assertively. For example, subjects may say they feel better, report more self-confidence, or indicate that they have changed some of their beliefs regarding assertiveness, without actually acquiring an effective repertoire of assertive skills. In this connection, one should be leary of anecdotal or experimental reports on the benefits of assertive training that rely exclusively on

self-report measures of treatment effectiveness. As the results of this study suggest, such measures may bear little relationship to the individual's ability to assert himself appropriately in "real life" situations.

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APPENDIX 1

ASSERTIVE BEHAVIOR SITUATION TEST (ABST)

Hello, in the next few minutes you will be listening to three tape recorded situations that are probably of common occurrence. The first scene occurs over the phone and is between a young man and his father. They are discussing the son's Thanksgiving plans. Two actors are performing the parts in this script in order to give a sample of the kind of dialogue you will be participating in shortly. Here it goes:

Rusty: Hello Dad, this is Rusty. How are you?

Dad: We are fine. Your mom is reading and I am working on the faucet in the kitchen. We are sure looking forward to seeing you in three weeks.

Rusty: That's what I am calling about. I've made plans to go to Los Angeles with a friend over the Thanksgiving holidays. It's great there this time of year.

Dad: Not coming home for Thanksgiving? Young man, all the family goes to Grandma's for Thanksgiving and you are no exception. You can visit there with your friend another time.

Rusty: But Dad, I will be home at Christmas. What difference does two weeks make? I can see Grandma then.

Dad: Your brother is busier than you, holding down a full time job and going to school, yet he will be home. He knows how to celebrate a family holiday. Your friend's family will be having their own celebration anyway. Now you make your plans to come home. Okay?

Rusty: Yes, Dad, I will be there.

Now, that is one way such a conversation might go. The same Basic Scene might also go like this:

Rusty: Hello Dad, this is Rusty. How are you?

Dad: We are fine. Your Mom is reading, and I am working on the faucet in the kitchen. We are sure looking forward to seeing you in three weeks.

Rusty: I imagine you are, but have I got great news. I have saved enough money to take a vacation. Roger, a good friend, has asked me to come to Los Angeles with him over Thanksgiving. I will miss being at Grandma's but this is such a good chance to see Southern California and have some fun that I have already made plans.

Dad: Well, I don't know. We always get together as a family for Thanksgiving.

Rusty: I know. I will be there by telephone. I'll call you after we have dinner. We are going to have pumpkin pie cooked in a charcoal oven and turkey done on a spit. It's going to be a lot of fun.

Dad: You sure are excited about going, aren't you? Don't you care about how we feel?

Rusty: I hope you will be as happy as I am. Being away at Thanksgiving will make Christmas so much nicer. Promise Grandma I will visit with her.

Dad: Well, are you sure you don't want to come home?

Rusty: I am. Now, what are you two up to these days. How's work?

You have now listened to two versions of the same scene; the young man in the scene has different degrees of success in coping with his father's attitude toward his vacation plans. There are probably other ways of handling this situation as well. You will now be given two opportunities to handle more or less difficult social situations. Please respond to the requirements of the situation as you ordinarily would, trying to act as effectively as you can.

First, listen to the description of the first scene and try to put yourself mentally and emotionally into it. This will not be too difficult, since these situations may well have happened to you. Next, you are to take part in a dialogue with the "other person" in the scene described. He will speak to each portion of the dialogue when he stops speaking. You will have a few seconds in which to say something. The other tape recorder in the room will pick up what you say. Please participate in this scene as you would if it were actually happening to you with all the emotions and words you would use. Do not take any amount of time thinking about what to say; after all, in real life, you would not be pausing long before speaking.

After the first scene is completed, one more scene

will be described and the entire process will be repeated again. When all is finished please call the person who brought you into this room to turn off the equipment. If any of these directions are not clear, call to the person who brought you here.

(Set of Scene #1)

The scene is a two-roommate efficiency apartment in north Stockton area. The rooms at the moment are in a state of fairly severe disarray; dirty dishes are stacked up in the sink and surrounding cupboards--two days' worth. The table is full of crumbs, food and plates. Let's imagine you are the relatively neat roommate, not fussy about cleanliness, but you do your share of the cleaning. This week it is Tom's turn to keep the apartment straight and he obviously is not doing so. He says he will do it but never seems to get to it. You resent very much what is happening. You have just returned from working overtime, you are tired, and you are walking into the living room, where Tom is sprawled out on the couch reading.

Have you pictured the scene: What emotions are you experiencing? What are your thoughts about this scene? Okay, next follow the dialogue. You are to speak first, complaining about the state of affairs to Tom. After several seconds, Tom will speak to you. Speak first when the bell rings:

(First Response: 10 seconds)

Tom: You are not going to keep bugging me about that again, are you?

(Second Response: 10 seconds)

Tom: Yeah, yeah, I will get to them, don't worry!

(Third Response: 10 seconds)

Tom: So, why do I have to be Mr. Clean? You are too uptight.

(Fourth Response: 10 seconds)

Tom: Look, if you want to keep it so damn clean, do it yourself!

(Fifth Response: 10 seconds)

Okay, this is the end of the first situation. You will now be putting yourself into a second and final scene. The directions for responding are the same as before. There

will be a fifteen-second period of silence now to give you a break before you continue.

This scene occurs at a singles party at a friend's home. There are twenty or so adults there, talking and drinking and so on. There is one pretty girl at this gathering whom you are attracted to. You have seen her at other parties and maybe have said "hi" a couple of times. Now you would like to get to know her better, have a conversation with her that is fairly substantial--more than just about the weather. If all goes well you'd like to ask her for a date. At the moment there is no other male present who is obviously her regular companion. No one is speaking to her since a girl who was last talking to her has been called away by someone else.

You have walked over to her and are about to start a conversation with her, the ultimate of which would be to ask her for a date at some time in the future if you "hit it off" with her and still like her. Can you picture the scene? What emotions are you experiencing? What are your thoughts about the scene? Okay, next follow the dialogue. You are to initiate the conversation. After a few seconds she will reply and the dialogue will continue as before. Her name is Sandy. Begin your conversation when the bell rings:

(First Response: 10 seconds)

Sandy: It is nice to meet you.

(Second Response: 10 seconds)

Sandy: Did you say you have been to one of Bob's parties before? I don't remember seeing you.

(Third Response: 10 seconds)

Sandy: Maybe I do remember seeing you before, you looked kind of shy.

(Fourth Response: 10 seconds)

Sandy: How come you came over to talk to me?

(Fifth Response: 10 seconds)

That is the end of the final scene. Your participation is now complete. Please call to the person who brought you in to turn off the tape recorders. He or she will inform you of anything else you need to know. Thank you.

SCORING SHEET FOR ASSERTIVE BEHAVIOR SITUATION TEST

Subject#_____ Rater_____

Scene	Rating for Response						Totals
	1	2	3	4	5	6	
1							
2							
				Total Score:			

SCORING

6 = a very assertive response; the subject is quite confident; shows appropriate emotions spontaneously; pursues his demand or initiation strongly, recognizing reasonable limits; is insistent without being overbearing or self-righteous; his content is quite substantial or convincing.

5 = a somewhat assertive response; the subject exhibits some confidence; shows guarded emotion; repeats a demand with some development of content; pursues his point, but not really enough; his content is moderately convincing.

4 = a mildly assertive response; the subject simply states his demand or makes his initiation without much confidence or affect; the response, although assertive, is either very brief or very long, with the attitude of "trying to explain"; content is on the shallow side.

3 = a mildly unassertive response; the subject shows some passivity; may induce some guilt in partner; is indirect in responding; content is on the shallow side; he is slightly hesitant; pursues his demand or initiation very awkwardly.

2 = a cover-up, unassertive response; the subject anxiously repeats himself or is jocular; gives phony, "hot air" responses; finds some cause for agreement; shows a number of passive aggressive signs; sounds like he's having difficulty handling the situation.

1 = a totally unassertive response; the subject does not respond; gives an irrelevant response; is extremely passive-aggressive; completely fails to exercise his rights or initiate an interaction; agrees completely with partner.

Constriction Scale 2

Name _____ Date _____

Please give the answers to the following questions that most accurately indicate your behavior in the given situation. Circle either a "Y" or an "N" for each question.

Y N 1. When traveling on a train, plane, or bus, do you engage fellow travelers in conversation?

Y N 2. Do you sometimes put off until tomorrow what you ought to do today?

Y N 3. Do you sometimes bargain or argue over prices with a salesperson?

Y N 4. If a respected and close relative were annoying you, would you rather hide your feelings than express your annoyance?

Y N 5. Do you find it difficult to ask strangers for information?

Y N 6. Have you been a recognized leader (president, chairman, captain) of a group during the past three years?

Y N 7. Do you refrain from telling your boss that he has done a good job when you think he really has?

Y N 8. Have you ever voted for a person about whom you knew very little?

Y N 9. When you are attracted by a person of the opposite sex when you have not met, do you make an effort to get acquainted?

Y N 10. Have you ever circulated a petition or asked for donations for a cause in which you were interested?

Y N 11. Are you inclined to keep your opinions to yourself during group discussions?

Y N 12. Do you sometimes get angry?

Y N 13. When you disapprove of your friends' behavior, do you let them know it?

Y N 14. Are you reluctant to meet the most important person at a party, reception, or tea?

Y N 15. If an older and admired person makes a statement with which you disagree, do you usually express your own point of view?

Y N 16. Do you hesitate to enter a room by yourself where a group of people are gathered and talking?

Y N 17. Have you ever organized any clubs, team, or other active groups on your own initiative?

Y N 18. Do you generally avoid complimenting or praising others even though you think they deserve it?

Y N 19. If a salesman takes time and trouble to show you merchandise which is not quite suitable, do you have difficulty in saying "No"?

Y N 20. Are your table manners as good at home as when you are out in company?

Y N 21. When you want something from a person you don't know very well, would you rather write him than see him in person?

Y N 22. If an acquaintance of yours has been spreading untrue stories about you, do you see him as soon as possible to talk about it?

Y N 23. Are you inclined to be grouchy when you are not feeling very well?

Y N 24. When a lecturer makes what you consider to be an erroneous statement, do you tell him either during or after the lecture?

Y N 25. When accidently thrown in with a stranger, do you introduce yourself before he does?

Y N 26. When in a group of people, do you usually do what others want rather than make suggestions?

Y N 27. Do you like everyone you know?

Y N 28. Are you self-conscious in the presence of people in higher positions (superior rank or experience)?

Y N 29. Do you usually speak out at a meeting to oppose someone you feel sure is wrong?

SOCIAL AVOIDANCE AND DISTRESS/FEAR OF NEGATIVE EVALUATION

Name _____ Date _____

This instrument is composed of 58 items. Before each question, there is a "true" or a "false". Try to decide whether "true" or "false" most represents your feelings with respect to that item and then put a circle around "true" or "false". Remember that this information is completely confidential and will not be made known to anyone else. Work quickly and don't spend much time on any one question. We want your first impression on this questionnaire. Now go ahead, work quickly, and remember to answer every question.

T F 1. I feel relaxed even in unfamiliar social situations.

T F 2. I try to avoid situations which force me to be very sociable.

T F 3. It is easy for me to relax when I am with strangers.

T F 4. I have no particular desire to avoid people.

T F 5. I often find social occasions upsetting.

T F 6. I usually feel calm and comfortable at social occasions.

T F 7. I am usually at ease when talking to someone of the opposite sex.

T F 8. I try to avoid talking to people unless I know them well.

T F 9. If the chance comes to meet new people, I often take it.

T F 10. I often feel nervous or tense in casual get-togethers in which both sexes are present.

T F 11. I am usually nervous with people unless I know them well.

T F 12. I usually feel relaxed when I am with a group of people.

T F 13. I often want to get away from people.

T F 14. I usually feel uncomfortable when I am in a group of people I don't know.

T F 15. I usually feel relaxed when I meet someone for the first time.

T F 16. Being introduced to people makes me tense and nervous.

T F 17. Even though a room is full of strangers, I may enter it anyway.

T F 18. I would avoid walking up and joining a large group of people.

T F 19. When my superiors want to talk to me, I talk willingly.

T F 20. I often feel on edge when I am with a group of people.

T F 21. I tend to withdraw from people.

T F 22. I don't mind talking to people at parties or social gatherings.

T F 23. I am seldom at ease in a large group of people.

T F 24. I often think up excuses in order to avoid social engagements.

T F 25. I sometimes take the responsibility for introducing people to each other.

T F 26. I try to avoid formal social occasions.

T F 27. I usually go to whatever social engagements I have.

T F 28. I find it easy to relax with other people.

T F 29. I rarely worry about seeming foolish to others.

T F 30. I worry about what people will think of me even when I know it doesn't make any difference.

T F 31. I become tense and jittery if I know someone is sizing me up.

T F 32. I am unconcerned even if I know people are forming an unfavorable impression of me.

T F 33. I feel very upset when I commit some social error.

T F 34. The opinions that important people have of me cause me little concern.

T F 35. I am often afraid that I may look ridiculous or make a fool of myself.

T F 36. I react very little when other people disapprove of me.

T F 37. I am frequently afraid of other people noticing my shortcomings.

T F 38. The disapproval of others would have little effect on me.

T F 39. If someone is evaluating me I tend to expect the worse.

T F 40. I rarely worry about what kind of impression I am making on someone.

T F 41. I am afraid that others will not approve of me.

T F 42. I am afraid that people will find fault with me.

T F 43. Other people's opinions of me do not bother me.

T F 44. I am not necessarily upset if I do not please someone.

T F 45. When I am talking to someone, I worry about what they may be thinking of me.

T F 46. I feel that you can't help making social errors sometimes, so why worry about it.

T F 47. I am usually worried about what kind of impression I make.

T F 48. If I know someone is judging me, it has little effect on me.

T F 49. I worry alot about what my superiors think of me.

T F 50. I worry that others will think I am not worthwhile.

T F 51. I worry very little about what others may think of me.

T F 52. Sometimes I think I am too concerned with what other people think of me.

T F 53. I often worry that I will say or do the wrong thing.

T F 54. I am often indifferent to the opinions others have of me.

T F 55. I am usually confident that others will have a favorable impression of me.

T F 56. I often worry that people who are important to me won't think very much of me.

T F 57. I brood about the opinions my friends have of me.

T F 58. I become tense and jittery if I know I am being judged by my superiors.

Table 1

ABST Analysis of Variance

Source	df	MS	F
Group Treatment	3	6.07	0.23
Error between	12	26.32	
Trials	1	.95	.09
Trials X Treatment	3	24.84	2.35
Error within	12	10.57	

F .95 (3,12)=3.49

Table 2

CS Analysis of Variance

Source	df	MS	F
Group Treatment	3	29.59	0.44
Error between	12	66.81	
Trials	1	144.50	**9.65
Trials X Treatment	3	39.58	*2.64
Error within	12	14.98	

**p. .01

*p. .10

Table 3

FNE Analysis of Variance

Source	df	MS	F
Group Treatment	3	209.50	.59
Error between	12	356.50	
Trials	1	521.94	*8.22
Trials X Treatment	3	93.19	1.47
Error within	12	63.46	

*p. .05

Table 4

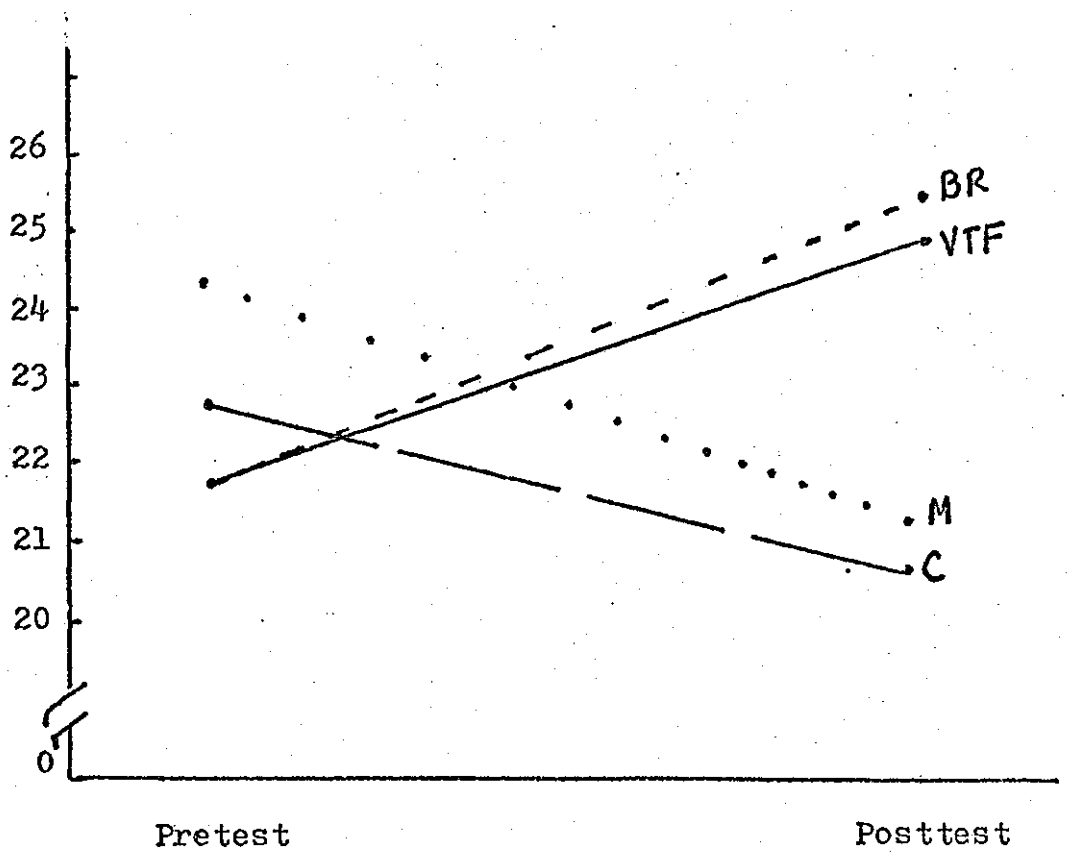
Raw Scores

	Subjects	Pre	Post	Pre	Post	Pre	Post
		ABST		CS		FNE	
S_1	Video-	23	22.5	19	16	48	32
S_2	Taped	23	27	8	9	9	11
S_3	Feedback	22	23.5	21	25	29	38
S_4		19.5	27	13	15	27	30
S_5		23	28	16	19	33	40
S_6	Behavior	20	27	7	28	32	35
S_7	Rehearsal	25	23.5	13	25	20	57
S_8		19.5	23.5	21	26	40	49
S_9		19.5	9.5	12	17	30	52
S_{10}	Modeling	27.5	28	12	21	12	25
S_{11}		27	23.5	8	18	16	31
S_{12}		23	23.5	25	21	55	51

Subjects		Pre	Post	Pre	Post	Pre	Post
		ABST		CS		FNE	
S_{13}	Waiting	14	19.5	22	20	29	44
S_{14}	List	25.5	17	6	9	13	21
S_{15}	Control	27	25.5	25	26	51	53
S_{16}		25	20.5	24	25	47	56

ABST

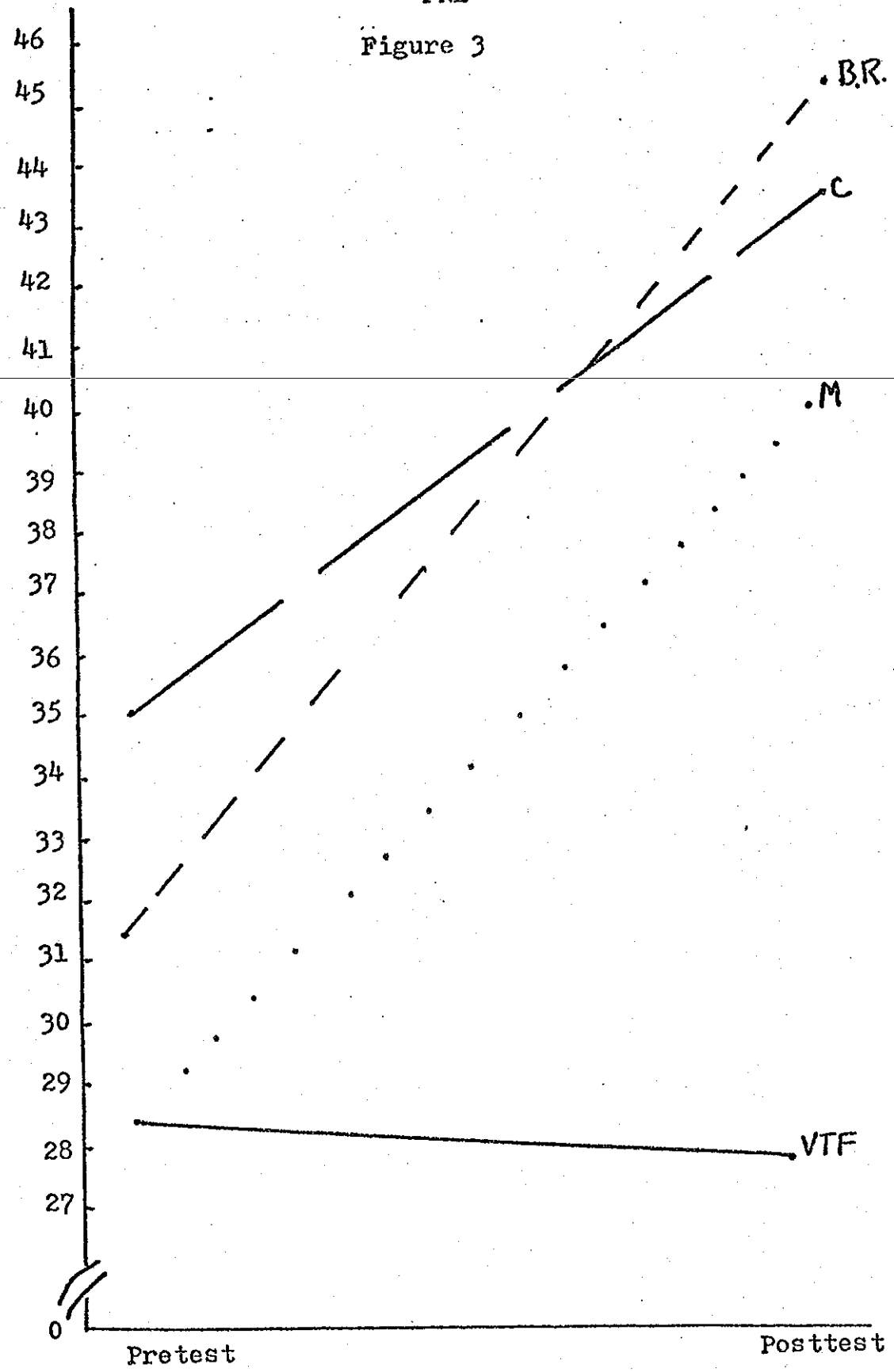
Figure 1



Mean Score for Treatment Groups

FNE

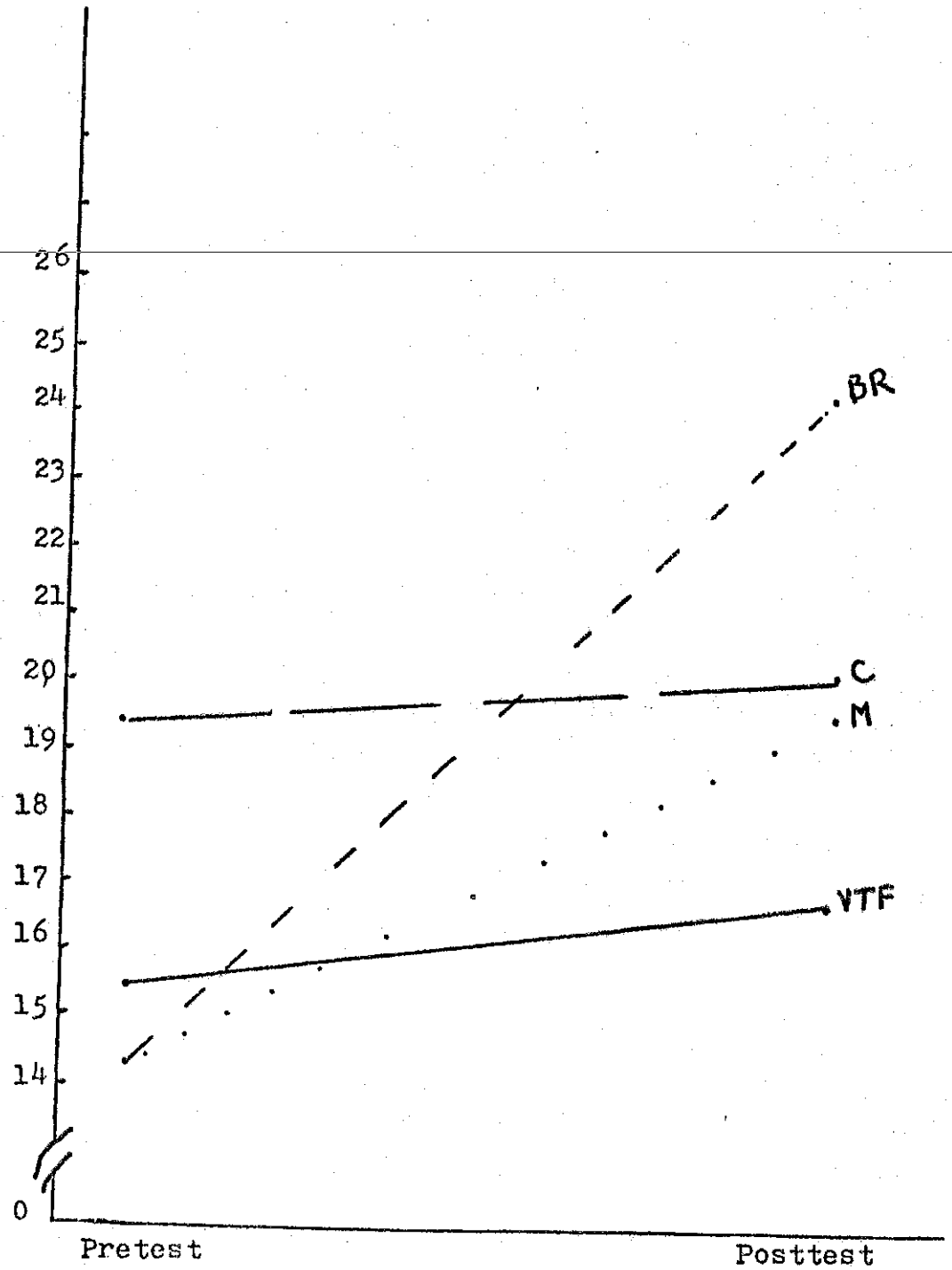
Figure 3



Mean score for Treatment Groups

CS

Figure 2



Mean Score for Treatment Groups