EFFECTS OF ASSERTION TRAINING

ON SELF ESTEEM AND LEVEL OF

AGGRESSION IN ADJUDICATED

DELINQUENT MALES

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Bachelor of Arts
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1982

Master of Education
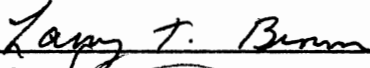Central State University
Edmond, Oklahoma
1984

Submitted to the Faculty of
the Graduate College of the
Oklahoma State University
in partial fulfillment
of the requirements
for the Degree of
DOCTOR OF PHILOSOPHY
December, 1988

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ON SELF ESTEEM AND LEVEL OF

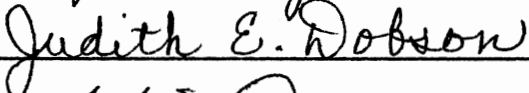AGGRESSION IN ADJUDICATED

DELINQUENT MALES

Thesis Approved:

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ACKNOWLEDGEMENTS

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LIST OF SYMBOLS

O   Observation/assessment

R   Random assignment

X_1 Treatment condition - Assertion training

X_2 Treatment condition - Attention-placebo

CHAPTER I

INTRODUCTION

Social skills training in general, and assertion
training in particular, is emerging as a primary
prevention and intervention method in dealing with a
variety of problem behaviors. In adults, assertion
training has been a viable technique for dealing with
such issues as passive behavior, aggressive behavior,
and low performance self esteem in women (Pentz, 1980;
Stake & Pearlman, 1980).

Rich and Schroeder (1976) note a turn from the
trait theory of assertiveness towards a situational
specificity for the expression of assertive responses.
They suggest that people choose to respond assertively
depending upon the specific situation. Assertiveness is
described as a skill "...to seek, maintain, or enhance
reinforcement in an interpersonal situation through an
expression of feelings or wants when such expression
risks loss of reinforcement or even punishment" (Rich &
Schroeder, 1976). Describing assertiveness as a skill
provides the implication that such responses can be
taught and learned and, therefore, can affect behavior.

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Statement of the Problem

Given the identification of assertiveness as a skill, the rationale behind assertion training is to educate the individual on his/her personal rights and how assertive, nonassertive, and aggressive behaviors affect those rights. Furthermore, in assertion training individuals are taught to identify components of assertive responses, such as eye contact, body posture, gestures, facial expression, and socially appropriate content of a response (Rich & Schroeder, 1976).

Social learning theory suggests that both deviant and prosocial behaviors are governed by the same learning principles, such as modeling and imitation (Bandura & Walters, 1959). According to this theory, if an individual has learned nonassertive or aggressive behaviors through the socialization process, the result could be negative feedback from family and peers. This negative feedback often leads to a lowered self-image.

In regard to the effects of aggressive behaviors on interpersonal relationships, Roff and Wirt (1985) note that aggressive behavior has emerged as the most common problem associated with peer rejection. Since peer relationships are vital to adolescent development, peer rejection can be devastating to an adolescent (Muuss, 1982). Roff and Wirt (1985) also reported the

the following:

>...childhood aggression, in the context of
>peer rejection, was related significantly to
>delinquency for males, an antisocial diagnosis
>for both sexes, and differentiated subjects
>in the judicial system from those in the mental
>health system (p. 564).

If assertiveness is a skill, replacing
dysfunctional behavior such as nonassertive or
aggressive responses with assertive responses should
enhance interpersonal interactions and provide
successful experiences for individuals, thus increasing
self esteem. Specifically, the problem statement
underlying this study is as follows: Does group
assertion training with male adolescents adjudicated
delinquent have an effect on the factor aggressive self
esteem, defined as the interrelationship between self
esteem and level of aggression?

Significance of the Study

Prior to 1970, research in assertive behavior was
scarce due to several reasons. Some theorists viewed
assertiveness as a generalized trait (Cattell, 1965;
Salter, 1949). That is, assertiveness was identified as
an innate characteristic which could not be taught.
Although empirical support for this trait theory has

failed to be provided, other problems continued to plague research in this area (Rich & Schroeder, 1976). There was a lack of an adequate, agreed-upon definition or specificity of assertive behavior. The components of assertive behavior had not been identified. Because of this lack of a specific definition and identified components, assertion training appeared to be unsystematic and unstandardized. Since the aspects of assertive behavior had not been empirically defined, reliable and objective measures of assertive behavior could not be developed.

Since 1970, the research in this area has increased dramatically, especially with adults (Eisler, Miller, & Hensen, 1973; Lazarus, 1973; Rich & Schroeder, 1976; Waksman, 1984a). With adolescents, however, assertion training techniques have only recently become an empirically tested alternative to traditional counseling for problem areas (Goldstein, Spraking, Gershaw & Klein, 1980; Hummel, 1982; Waksman, 1984a; 1984b). Some areas that could be enhanced if adolescents were equipped with assertive skills might be dealing with peer pressure, forming interpersonal relationships, and modifying aggressive behaviors, all of which affect an individual's self esteem (Hummel, 1982; Rotheram, 1982).

Therefore, the purpose of this present study is to examine the effect of assertion training on two of the

above-mentioned areas, aggressive behavior and self
esteem. This study is also intended to provide one more
piece of research addressing the efficacy of assertion
training with adolescents, as well as the benefits of
more structured treatment programs in residential
treatment facilities for adolescents.

Definition of Terms

For this study, the following definitions will be
utilized:

Adjudicated Delinquent: Delinquent is defined by
the courts as a juvenile who has been convicted of
breaking a law that is for adults as well as children
(i.e. theft, assualt), as opposed to status offenses
which simply apply to children (i.e. running away,
truancy).

Self esteem: Self esteem is defined as the feeling
individual's have regarding the image they have of
themselves (Lambert, Rothschild, Altland, & Green,
1972). The operational definition of self esteem for
this study is the score for each subject on the Index of
Self Esteem scale of the Clinical Measurement Package
(Hudson, 1982).

Assertiveness: Assertiveness is defined as
striving to reach personal goals without hurting others.
Assertive behavior includes expressing feelings and

thoughts, making choices, and feeling good about self concepts (Waksman, 1984a).

Nonassertiveness: Nonassertiveness is defined as denying one's right to make choices for self, failing to express one's feelings and thoughts, or failing to obtain the benefits of a particular situation (Waksman, 1984a).

Aggressiveness: Aggressiveness is defined as reaching one's goals and enhancing one's self-worth by hurting others. Aggression involves making choices for others and infringing upon the rights of others (Waksman, 1984a).

Level of Aggression: Level of aggression is operationally defined for this study as the subject's score on the Sears' Aggression Scale (Sears, 1961).

Limitations

The following limitations must be considered:

1. This study is limited to the population of the study. For instance, only one residential treatment facility was used. Consequently, the results are not generalizable to all residential treatment facilities of juveniles adjudicated as delinquent.

2. Only male juvenile offenders were used in this study because only males reside in this facility; therefore, the results cannot be generalized to female

juvenile offenders.

3. Intact groups were used for this study, which makes random selection impossible. However, the subjects were randomly assigned to treatment conditions.

4. Different group facilitators were used for each group. The advantage to this was that the facilitators were already familiar with the groups and would not confound the situation by introducing novel individuals into the groups. In addition, the facilitators did not have the opportunity to bias the treatment that they would have if one pair of facilitators had conducted all three groups. Another factor involved in this decision was the limitation of the structure of the facility. The flexibility of bringing new people into the facility to work with the residents was limited due to the maximum security status of the environment. The disadvantage of this variable is that having the same facilitators would have controlled for differences in personality factors of the facilitators that might have influenced the presentation of the material.

Assumptions

Certain assumptions were met concerning the distribution of scores within groups.

1. The treatment population, from which the subjects for each group were drawn, are normally

distributed.

2. The variances of the different treatment groups are equal or homogeneous.

3. The error components are independent for both within-treatment groups as well as between-treatment groups. The random assignment of conditions to subjects is the procedure by which independence is obtained.

4. The interrelationship among level of aggression and self esteem is linear within each cell.

Hypotheses

The .05 level of significance must be reached in order to reject the following null hypotheses:

1. There is no difference in the factor "aggressive self esteem" in male adolescents adjudicated delinquent participating in an assertion training group and those participating in an attention-placebo group and those in an inactive control group.

2. Assertion training has no effect on self esteem, as measured by the Index of Self Esteem scale of the Clinical Measurement Package, in male adolescents adjudicated delinquent.

3. Assertion training has no effect on level of aggression, as measured by the Sears' Aggression Scale, in male adolescents adjudicated delinquent.

4. There is no difference in self esteem, as

measured by the Index of Self Esteem scale, between male adolescents adjudicated delinquent participating in an assertion training group and those participating in an attention-placebo group and those in an inactive control group.

5. There is no difference in level of aggression, as measured by the Sears' Aggression Scale, between male adolescents adjudicated delinquent participating in an assertion training group and those participating in an attention-placebo group and those in an inactive control group.

6. There is no difference in number of incident reports, as an indication of aggressive behavior, between male adolescents adjudicated delinquent participating in an assertion training group and those participating in an attention-placebo group and those in an inactive control group.

Organization of the Study

Chapter I presented an introduction to the study of assertion training and its effects on level of aggression and self esteem in male adolescents adjudicated delinquent, the statement of the problem, the limitations of the study, the assumptions which were met, and the hypotheses which were tested. Chapter II contains a review of the current literature related

to this study. Chapter III includes the methodology of the study, a description of the subjects, instrumentation utilized, and the procedures employed. Chapter IV consists of the statistical analyses used to test the hypotheses, as well as, the results of these analyses. Chapter V presents a discussion of the results and implications for further research.

CHAPTER II

REVIEW OF CURRENT LITERATURE

According to social learning theory, children learn modes of behavior through observation of others, immitation of those observed behaviors, and reinforcement and/or punishment of such behaviors. Children often develop aggressive and maladaptive behaviors because they have not learned appropriate social skills. These aggressive behaviors often result in negative feedback from family and peers. This negative feedback could contribute to a lower self-image on the part of the child. If the child could learn appropriate social skills, such as assertiveness, the need to display aggressive behaviors may be decreased. Therefore, it is hypothesized that if children learned how to behave assertively instead of aggressively they would experience a higher degree of success interpersonally, thus increasing their self-esteem.

In order to support this position, this chapter will present a review of the current literature related to (a) adolescent self esteem and social acceptability; (b) theories on adolescent aggression and delinquency;

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(c) examples of assertion training; and (d) components of assertion training. The chapter concludes by incorporating assertion training into the treatment of adolescent aggressive behavior.

Adolescent Self Esteem and Social Acceptability

The first component of this study is adolescent self esteem and its development. Lambert, Rothschild, Altland, and Green (1972) describe adolescence as a "...dynamic, developmental process, roughly spanning the years from the onset of puberty to maturity, during which youths come to terms with themselves and with their unique place in the environment" (p. 6). These authors suggest that the goals of adolescence include accepting one's physical self, attaining emotional control, developing a positive self concept, achieving social maturity, developing satisfying heterosexual relationships, and acquiring a stable system of values. Social maturity, for Lambert et al. (1972), centers around the ability to establish good interpersonal relationships.

Elaborating on the importance of the development of a positive self esteem, Waksman (1984b) states that "...a positive self concept is vital to an adolescent's well-being and their behaviors and experiences are largely determined by their self concepts" (p. 280). He

notes the importance of positive self-descriptions for school achievement, social effectiveness, reduced anxiety, and acceptance by others.

The relationship between self esteem and acceptance by others is supported by Horrocks (1969) who points out that as the child progresses from age 9 through 17 they become increasingly more perceptive of others and, therefore, more vulnerable to peer evaluations of themselves. If this increased awareness is of rejection by their peer group, the result tends to be a lowered self esteem on the part of those rejected, particularly in middle and late adolescence (Horrocks, 1969). Peer popularity is gained by behaving appropriately, as defined by the peer group. Social acceptability declines when an individual persists in what the peer group defines as inappropriate behavior (Horrocks, 1969).

The adolescent seems to be in a compromising situation, attempting to acquire a unique identity while still functioning within the limits of the peer group and society as a whole. Often the individual is not adequately prepared to deal with such a situation successfully. In order to be accepted, the poorly socialized adolescents resort to maladaptive behaviors to be included in a deviant peer group. Lambert et al. (1972) suggest that "...because of inadequate

socialization, juvenile offenders have a poor image of themselves and of others, and it is their poor self concept that appears to be the crucial factor in differentiating delinquents from nondelinquents" (p. 216).

In conclusion, this relationship between social acceptability and self esteem supports the importance of adequate social preparation for children and adolescents. Individuals need to be armed with the requisite skills required to experience successful interpersonal interactions. Since adolescence has been described as a "dynamic, developmental process," it is implied that the individual at this stage is in a state of change (Lambert et al., 1972). Therefore, it is suggested that adolescence may be the optimum time for making efforts to enhance self concepts, thus, self esteem (Lambert et al., 1972), and providing opportunities for developing adequate social skills can be a part of these efforts.

Adolescent Aggression and Delinquency

The second component of this review concerns adolescent aggression and delinquency and the factors that contribute to each. If adolescents are ill prepared to interact with others successfully, they may learn other less appropriate ways of making

interpersonal contact. Social learning theory postulates that aggression is caused by external, social, and environmental factors that can be found in the dependency training in childhood, imitation of aggressive models, as well as, the lack of internalization of social values (Muuss, 1982). Although, according to this theory, there appears to be several factors that may contribute to the development of aggressive behaviors, Roff and Wirt (1985) point out that "aggressive behavior has emerged as the most common problem associated with peer rejection, and childhood aggression has been found to be the strongest behavioral indicator of delinquency and young adult antisocial behavior" (p. 564).

Roff and Wirt (1985) conducted a longitudinal study of 1130 low peer choice grade school children, following them through record sources into young adulthood. For low peer status children, problem behavior clusters associated with peer rejection were factor analyzed. The five factors identified were (a) aggressive/ rebelliousness; (b) anxiety expressed through excitability and restlessness; (c) poor school achievement/limited scholastic ability; (d) apathy/ indifference toward classroom activities; and (e) a soft neurological factor. Factor scale scores were obtained for each subject and used in correlational analyses.

Outcome variables were determined by follow-up through record sources for delinquency, adult criminal offenses, and mental health treatment contact. Two additional variables were also correlated: (a) overall severity of disturbance in the child; and (b) severity of disturbance in the family.

The results indicate that aggression/rebelliousness was the best predictor of delinquency for males. However, for females, severity of family disturbance was the best predictor. Aggression also differentiated delinquents from those with mental health problems. Childhood aggression was also found to characterize nondelinquents who committed criminal offenses as young adults. Roff and Wirt concluded that "...childhood aggression, in the context of peer rejection, was related significantly to delinquency for males, an antisocial diagnosis for both sexes, and differentiated subjects in the judicial system from those in the mental health system" (p. 564). This study supports the tie between childhood aggression and the development of delinquent behavior, as well as the link between aggression and social nonacceptance in the form of peer rejection.

The relationship between aggression and peer rejection has also been examined by Landau and Milich (1985). These authors conducted a study to determine

whether there was a correlation between aggressive and withdrawn behaviors exhibited by third through sixth grade boys and peer perceptions, popularity, and rejection as measured by peer nominations and teacher ratings. On the basis of this information, the 238 boys were divided into four groups: (a) aggressive (n=32); (b) withdrawn (n=23); (c) aggressive/withdrawn (n=25); and (d) control group (n=158). The results indicated that the aggressive/withdrawn boys were significantly less popular and more rejected than were boys in the other three groups. Aggressive boys were no less popular, but significantly more rejected than the boys in the control group. Thus, supporting a tie between aggression and lack of social acceptability.

If aggressive individuals are more rejected by peers, they must seek other means of getting their needs for social interaction met. This may take the form of involvement with others who are in a similar situation of being rejected. If these aggressive behaviors are learned, as suggested by social learning theory, then the adolescent may not be aware of other more appropriate ways of interacting. The resulting frustration may lead to resentment and hostility. These individuals may then seek out others who are experiencing the same feelings. This is a possible explanation for the formation of deviant peer groups.

The importance of affiliation with a peer group in an adolescent's development, even a deviant peer group, is addressed by Hanson, Henggeler, Haefele, and Rodick (1984). They conducted a study to determine the demographic, individual, and family relationship variables that most accurately predict delinquency, as well as serious and repeated juvenile criminal activity.

This study consisted of 163 families, of which each interviewer administered a battery of tests consisting of a demographic questionnaire, the Behavior Problem Checklist, the Vocabulary subtest of the WAIS and WISC-R, the Eysenck Personality Inventory, the Family Relationship Questionnaire, and the Unrevealed Difference Questionnaire. Stepwise multiple regression analyses were used to predict offender status, familial arrest history and adolescent arrest history in both father-present and father-absent families. Socialized-aggressive behavior, as rated by the parents, was the most consistent and powerful predictor of serious and repeated arrests among the male adolescents and their siblings. The authors point out that socialized-aggressive disorder is characterized by the adolescent's loyalty to and strong participation in a delinquent peer group.

Hanson et al. (1984) stress that the peer group is important to psychosocial development because it

provides adolscents with a sense of belonging, emotional
support, and behavioral norms. In peer groups of
delinquent adolescents, the group behavioral norms
typically conflict with societal norms. The findings of
this study suggest that the involvement with a deviant
peer group most strongly relates to the adolescent's
repeated and serious criminal activity. The aggressive
behavior often serves an adaptive function in
socialized-aggressive disorder because it is
collaborative and elicits peer support and acceptance
(Hanson et al., 1984).

Wunderlich (1985) also supports the importance
of social interactions in relation to delinquent
behaviors. He sought to isolate personality dimensions
that characterize noninstitutionalized adolescents,
adjudicated delinquent. He identified three factors;
(a) mistrust, (b) social pessimism, and
(c) hypersensitivity. "Mistrust" is defined as
consisting of doubt of fair treatment, doubt of the
stability of one's own mind, and a degree of alienation
and estrangement. Impulsive and aggressive behaviors
may emerge in response to the instability experienced.
"Social pessimism" is demonstrated by a negative
viewpoint of life and society, as well as a negative
attitude toward human beings, particularly those in
authority. "Hypersensitivity" reflects the adolescent's

concern over criticism, interacting with others, doing the right thing, and being hurt and unhappy. These three factors seem to reflect the importance of social interactions and the requisite skills that result in positive interactions with others.

Included in important social skills is the ability to communicate effectively. According to Lambert et al. (1972), due to parental inconsistency and emotional neglect, delinquents tend to use more primitive ways of communicating, acting out their feelings rather than expressing them verbally. Other researchers have echoed the notion that delinquents are less socially skilled than nondelinquents (Freedman, Rosenthal, Danahoe, & McFall, 1979; Spense, 1981). Furham (1984) suggests that "...some people commit antisocial acts and behave maladaptively because they lack the requisite social skills to do otherwise or have no legally acceptable way of achieving their desired goals" (p. 40).

In summary, since peer acceptance has been indicated to play a large role in an individual's self esteem (Lambert et al., 1972) and aggressive behavior in deviant peer groups seeks to elicit such acceptance, there seems to be a link between aggression and self esteem in adolescents. If the individual does not have the knowledge and skill, such as effective communication skills, necessary to gain peer acceptance in

nonaggressive ways, this pattern may continue,
unsuccessfully, as a means of trying to increase their
self esteem and lead to asocial and antisocial
behaviors. In contrast, the teaching of effective
social skills may decrease the need to behave
aggressively, thus increasing social acceptance.

<center>Examples of Assertion Training</center>

The third component of this review is the concept
of assertion training. Lazarus (1973) has suggested the
use of a supportive assertive response as a way of
avoiding an aggressive interchange. Rich and Schroeder
(1976) further suggest that "...an assertive response
serves as a positive reinforcement to the protagonist
and provides conditions for defusing the conflictual
situation and gaining personal reinforcement" (p. 1083).
That is, by de-escalating an aggressive encounter with
an assertive response, the individual is reinforced for
behaving assertively.

Several studies have been conducted utilizing
assertion training with various problem behaviors. For
example, a structured learning approach to social skills
training, which includes assertion training, has been
used with learning disabled adolescents (Hummel, 1982).

The structured learning approach utilizes modeling,
role playing, performance feedback, and transfer of

training, which are all well established behavior change procedures. This approach has been used successfully to teach negotiation, assertiveness, and role-taking to children with a variety of problems (Goldstein, Spraking, Gershaw, and Klein, 1980). Rich and Schroeder (1976) note that the nonverbal aspects of an assertive response is perceived as just as important as the verbal content. This idea has been supported by Eisler, Miller, and Hersen (1973) by demonstrating that assertive and nonassertive subjects could be differentiated on the basis of nonverbal as well as verbal behavior.

In support of the efficacy of assertion training, Waksman (1984a) initiated a four week assertion training program for adolescents, which was conducted and evaluated in a middle school setting. This study consisted of two groups of 23 subjects each. The mean age was 13.6 years. There were 13 sessions over the four week period, lasting 45 minutes each. The treatment program consisted of didactic instruction, role playing, group compliment sessions, modeling, and homework assignments. Activities included defining assertive, passive, and aggressive behavior. Subjects were taught and practiced eye contact, verbal volume, body posture, requests, refusals, self-praise, expression of feelings, and self-disclosures. Analyses

of pre- and post-treatment scores on the Piers-Harris
Children's Self Concept Scale and the Intellectual
Achievement Responsibility Questionnaire were computed
using t-tests for correlated means.

Results indicate that the group receiving
assertiveness training significantly improved their
scores on the Piers-Harris and the Intellectual
Achievement Responsibility Questionnaire. A seven week
follow-up showed that differences were still present.
This study provides evidence of the effectiveness of
short-term assertion training programs with adolescents.
However, placebo effects were not controlled for in this
study.

In order to control for the placebo effect, Waksman
(1984b) conducted a second study comparing adolescents
receiving assertion training with those receiving a
placebo counseling program. The subjects were 58
adolescents of a mean age of 12.89 years. The placebo
counseling sessions consisted of group exercises, work
sheets, homework assignments, and filmstrips designed to
instigate discussion of feelings, self-images, families,
and friends. The groups met for eight sessions
extending over a two week period for 45 minutes per
session. The results indicate significant differences
between the two groups on the Piers-Harris Children's
Self Concept Scale. The assertion training group had

maintained their improved scores over a four week follow-up period. This study supports the effectiveness of short-term assertion training in regards to adolescent self concept, as well as controlling for the placebo group effect.

Other researchers have demonstrated the effectiveness of short-term group assertion training with adolescents. Pentz (1980) examined the effects of assertion training and trainers on 90 adolescents (43 male, 47 female) identified as unassertive or aggressive. The results indicate that both unassertive and aggressive adolescents improved in assertive behavior with the structured learning approach (p < .05). The results also show that assertive behavior was enhanced when trainers were situationally similar to in vivo stimuli (i.e. teacher-trainers with school situations; parent-trainers with family situations). Short-term group assertion training was also supported by Conner, Dann, and Twentyman (1982) who found that sixth-grade students were able to benefit from short-term assertion training and were able to generalize the effects to situations not utilized in training.

In conclusion, this section has provided support for the concept of assertion training for benefiting a variety of target groups. Evidence was also provided

for the efficacy of short-term assertion training with adolescents. The following section will discuss various components of assertion training programs.

Components of Assertion Training

This section will discuss various components of assertion training programs. Rich and Schroeder (1976) cite three situations that may result in deficits in assertive skills. First, although an individual possesses a set of potentially effective responses, they fail to discriminate adequately the situations for which a given response is likely to be effective. The second situation is when the strength of emotional or cognitive variables (i.e. anxiety, self-depreciation) inhibit the expression of assertive responses that are present in the in the individual's repertoire. The third situation occurs when the assertive response is not in the knowledge base of the individual. Consequently, assertion training seeks to alleviate these deficits.

Two response-acquisition operations commonly utilized in assertion training to alleviate the deficits above are instructions and modeling. Modeling of assertive behavior has been provided by live (Lazarus, 1966), audiotaped (McFall & Lillesand, 1971), videotaped (Rathus, 1973), and imaginary models (Kazdin, 1974). Rich and Schroeder (1976) suggest that modeling effects

may be enhanced by modeling that is vivid, novel, and that contains models that are the same age and sex as the observer. Response acquisition may also be facilitated by providing simulation of problem situations in which clients can practice new responses. This simulation provides the client with a "protective mask" that reduces anxiety (Rich & Schroeder, 1976). These authors suggest that "...practice in performing a complex new response appears to be necessary so that the response may be further refined and strengthened" (p. 1086).

Commonly used approaches to teaching these new response sets include presentation of stimulus situations, constructive criticism, role playing, role reversal, response practice, modeling, coaching, instruction, and homework assignments (Rich & Schroeder, 1976). Kelley (1979) suggests that there are three levels of skills related to assertive behavior; (a) preparatory skills, (b) core skills, and (c) accessory skills.

Preparatory skills are the prerequisites to core skills. They involve developing confidence in the self and the personal belief system. Kelley (1979) states that "...without belief and confidence in oneself and one's worth as a person, it is very difficult to believe in one's rights and very difficult to act in an

appropriate manner" (p. 5). Therefore, time is devoted during the training program to identifying basic human rights and developing confidence in those rights both for the individual participating in the program as well as for others. Another aspect of preparatory skills is identifying irrational beliefs and how people typically respond to those beliefs. Once these skills have been developed, the individual is then ready to move on to the core skills.

The core skills "...involve actually saying what one wants to say in an assertive situation, with appropriate physical and mental behaviors" (Kelley, 1979, p. 5). Focus is on nonverbal as well as verbal skills (i.e. body posture, proximity, eye contact). Another aspect of the core skills is cognitive assertion, involving what one is thinking in an assertive situation. This relates directly to the individual's belief system. Typically what an individual believes or tells themself about a given situation dictates how they behave in that situation. Typically, verbal skills are taught before nonverbal skills and nonverbal skills are taught prior to cognitive skills. It is important, however, to integrate all three in practice situations (Kelley, 1979). Along with these skills, an understanding of the differences between assertive, nonassertive, and

aggressive responses is essential throughout the training program.

The third type of skills which is included in training programs are the accessory skills. These are skills that are used in unique situations. Such situations might include compliments (both accepting and giving compliments), criticisms, and interviewing. Often these skills require more refinement and a higher degree of discrimination (Kelley, 1979).

In conclusion, these three types of skills are essential in the development of assertive behaviors. Therefore, each of these areas will be addressed in the present study.

This section has presented a brief description of some of the essential skills used in assertion training. Programs vary to some degree so there may be some variance in specific skills utilized. However, the components presented in this section have been documented by several researchers (Kelley, 1979; Lange & Jakubowski, 1976; Rich & Schroeder, 1976).

Assertion Training in the

Treatment of Aggression

The aspect of assertion training in the treatment of adolescent aggression now will be discussed. Huey (1983) described a short-term structured group approach

as an intervention with aggressive adolescents identified in the schools. Following a six-week training program, the students in the assertion training showed a significant decrease in aggressive behaviors ($p = .001$). Leaman (1983) also provides support for the group treatment approach to teaching social skills to psychiatrically disturbed adolescents. He found that the participants sustained significant modifications in behavior as noted through direct observations and videotaping procedures.

Another significant study which provides support for this proposed study was conducted by Martinez (1977). This study examined assertion training as a treatment for aggressive behavior in delinquents. The subjects consisted of 25 adolescents incarcerated at the Denver Closed Adolescent Treatment Center. The mean age of the subjects was 16 years. The students were incarcerated due to assualtive, destructive, and/or self-destructive behavior. Daily ratings on assertion, aggression, and activity level were used as dependent measures. Other measures included the Seld-Expression Scale, the Situations Test, the High School Personality Questionnaire, and the Self-Goal-Other Discrepency Test to measure self concept. The subjects were randomly assigned to four groups; (a) Experimental expressive, (b) Experimental instrumental, (c) Control expressive,

and (d) Control instrumental. The instrumental
delinquent was described as being more task-oriented
and prone to acting out. The expressive delinquent
tended to be more emotionally labile and highly anxious.
The experimental groups received eight sessions of
assertiveness training over a four week time period.
The control groups were exposed to placebo activities
over the same time period. The results indicated a
significant treatment phase effect and a significant
treatment by group interaction effect. The results of
this study indicate that aggressive delinquents were
capable of learning assertive behaviors. This study
seems to provide support for the current study of
assertion training with adjudicated delinquents.

Summary

This chapter presents a review of the current
literature in areas related to this present study.
Theories related to the development of self-esteem in
adolescents, as well as the development of adolescent
aggression are cited. The contributions that childhood
aggressive behavior and a lowered self concept make to
the evolution of delinquency and adult criminal behavior
are examined.

Current research relating to assertive behavior and
assertion training in the modification of adolescent

difficulties were discussed. Several studies were cited

which utilized group assertion training as a specific

treatment for adolescent aggression. The chapter

concluded with a discussion of studies comparing the

effects of assertion training to those of an attention-

placebo group as it applies to aggression and

delinquency.

CHAPTER III

METHODOLOGY

The methods and procedures utilized in this study are presented in this chapter. The chapter is divided into the following sections; (a) subjects, (b) instrumentation, (c) design and procedure, (d) analysis of data, and (e) summary.

Subjects

Subjects were 27 male adolescents who have been adjudicated by the courts as delinquent. Subjects have been incarcerated for one of four types of offenses; (a) Status I offenses, which are defined as serious offenses against persons or property (i.e. sex offenses, assualt), (b) less serious, but repeated offenses, (c) unmanageable behavior in a less secure facility, or (d) adjudicated "In Need of Treatment" and placed in an adolescent psychiatric facility, but were found to need more security. Subjects' ages ranged from 15 to 18 years, with a mean age of 16.4 years. Of the 27 subjects, 10 were Caucasian, 7 were Black, 3 were Native American, and 1 was Mexican. Six subjects did not

report demographic information. Of the subjects reporting, 71% (n=21) came from parents who were separated or divorced, while 14% reported their parents never married. Only two subjects were from intact families. The majority of the subjects reported having two or fewer siblings in the household.

Each subject was from a maximum security residential facility in a state within the southwest region of the United States. Length of incarceration ranged from 3 to 20 months, with a mean of 8.3 months. The mean age of subjects' first offense was 13.8 years, with a range of 10 to 16 years.

Since participation in this study was on a voluntary basis, nine of the 36 original subjects refused to participate in this project at the onset of treatment. Of the remaining 27, only 12 actually completed the study as originally designed (Group 1, n = 3; Group 2, n = 5; Group 3, n = 4). The reason for the high experimental mortality rate was that riots occurred at the facility at the time of post-treatment assessment. As a result of this unique situation, the original design was revised to incorporate the behavioral displays of aggression as a dependent measure.

Instrumentation

Three forms of assessment were used in this study. The Index of Self Esteem scale (ISE) of the <u>Clinical Measurement Package</u> (Hudson, 1982), was used to measure each subject's self esteem. The Sears' Aggression Scale (SAS) (Sears, 1961) was utilized to assess each subject's level of aggression. In addition to these two instruments, the number of incident reports written per group was collected for the time period beginning two months prior to the onset of treatment through two months following the end of treatment. The number of incident reports reflect the number of aggressive behaviors displayed by subjects which were serious enough to warrant disciplinary action (i.e. assault, verbal abuse, running away, destruction of property). These data were collected for the 27 subjects who initially agreed to participate in the study. This behavioral assessment was collected post hoc in an attempt to determine whether there was a difference between groups regarding the participation in the riots that occurred at the facility.

<u>Index of Self-Esteem Scale (ISE)</u>

The Index of Self Esteem scale (ISE) was originally developed for use with nonpsychotic

individuals, couples, families, and small groups above the age of twelve, in single subject repeated measures designs. The ISE is a 25-item summated category partition scale which provides information about the degree or magnitude of difficulty a person is having in the area of self esteem. It is scored on a five-point Likert-type scale ranging from "rarely or none of the time" to "most or all of the time" (Hudson, 1982). Higher scores represent more severe problems while lower scores indicate the lack of such problems. This scale utilizes a clinical cut-off score of 30, that is, a score of 30 or above indicates a significant problem in the area of self esteem.

Reliability of the ISE. The reliability of the scale is determined by the alpha coefficient, which is a measure of internal consistency based on all the inter-item correlations for a particular scale. This coefficient is the mean of all possible split half reliabilities and provides a direct estimate of the alternate form reliability that would be obtained if an equally good alternate form of a particular scale were available. The "generalized Spearman-Brown" yields an alpha coefficient for the ISE of .93 (Hudson, 1982).

Validity of the ISE. The discriminant and construct validity of the ISE was determined through a

sample of 85 experienced clinicians. The clinicians divided their caseloads into three groups; (a) clients who had no significant problems in the area of self esteem, (b) clients whom the clinicians believed did have significant problems in the area of self esteem, and (c) clients whom the clinicians were uncertain whether they had significant problems with self esteem. The clinicians then administered a research battery, of which the ISE was one component, to the first two groups. The clients in the third group were not included due to the uncertainty of their level of self esteem problems (Abell, Jones, & Hudson, 1984).

Abell et al. (1984) used a one-way analysis of variance in order to determine the discriminant validity, with the criterion group as the independent variable and the scores from the ISE as the dependent variable. Furthermore, the ISE was compared to the Psychosocial Screening Package and the Generalized Contentment Scale to determine which provided the best discrimination between the criterion groups.

The results indicate that the mean ISE score for the subjects in the first group, those with no significant problems in the area of self esteem, were significantly smaller than the mean score for those individuals in the second group ($p < .01$). The correlation between the ISE and the criterion group

status was determined to be .78 (Abell et al., 1984).
The factorial validity data for the ISE scale indicates
that each of the ISE items correlated more highly with
the ISE total score than with any of the other eight
measures, with the validity coefficients ranging from
.37 to .71 for each item (Hudson, 1982).

Sears' Aggression Scale (SAS)

The Sears' Aggression Scale (SAS) (Sears, 1961) was
chosen to assess each subject's level of aggressive
behavior. The scale is composed of 80 items in the form
of declarative statements in which the subject can
respond on a five-point Likert-type scale ranging from
"strongly agree" through "not sure" to "strongly
disagree." The SAS is divided into five subscales
representing five aspects of aggression (Sears, 1961):

> (a) Aggression anxiety, measuring feelings of
> fear and other unpleasant reactions to
> aggression; (b) projected aggression,
> measuring the tendency to attribute
> aggression to sources outside the self;
> (c) self-aggression, refering to injury or
> punishment to the self; (d) prosocial
> aggression, measuring aggression used in
> a socially approved way for purposes that
> are acceptable to the moral standards of the

group; and (e) antisocial aggression,
measuring aggression that is normally
unacceptable socially in the formal pattern
of our culture (p. 471).

Reliability of the SAS. The reliability data of
this scale are largely based on 160 "originals" who were
subjects of an experiment conducted by Sears, MacCoby,
and Levin (1957) and on follow-up samples which were a
"...surprisingly close representation of the total
original group from which they were drawn" (Sears, 1961,
p. 467). The corrected reliability coefficients
(Spearman-Brown) on odd-even items for each of the
subscales are as follows: Aggression anxiety, .61;
Projected aggression, .61; Self-aggression, .15;
Prosocial aggression, .63; and Antisocial aggression,
.64. These data were based on samples in excess of 300
cases.

Validity of the SAS. There were two item
validation series, both performed with sixth grade
classes, 12 to 13 years of age. A rough item validation
was performed by dividing the groups in half based on
the total score of each scale. The frequency with which
each item was scored in the appropriate direction by the
upper and lower half of the group was then assessed.
Nondiscriminating items at the .10 level of significance

were discarded prior to the second validation series
(Sears, 1961).

For the second validation series the items retained
from the first series were combined with 20 buffer
items. These items were distributed in such a way as to
avoid establishing response sets on any one dimension.
Attention was given to randomizing positively toned and
negatively toned items. This scale was presented to two
classes of sixth grade children. The same item
validation procedure was used by dividing the group into
the upper and lower half by total scores. Items that
failed to be discriminative at the .05 level of
significance were discarded for the final form of
the test (Sears, 1961). There were no other validation
statistics presented.

Incident Reports

In addition to the two scales described above, a
behavioral measure of aggression was analyzed. In
response to the outbreak of violence at the facility, a
determination was made to collect the incident reports
for each group. Incident reports were filed on
residents when the acting-out behavior was of a degree
which required intervention by staff and formal
disciplinary action (i.e. assault, verbal abuse,
destruction of property, self destructive behavior).

This appeared to be an opportunity to unobtrusively measure aggressive behavior. Since the decision to analyze this measure was made post hoc, the staff was not biased in filing incident reports.

Design and Procedure

This study consisted of three different experimental conditions, initially of 12 subjects each. One of the three treatment conditions was randomly assigned to intact groups; (a) treatment condition, (b) attention-placebo condition, and (c) control condition.

Each group met once a week for ten weeks for 90 minutes per session. Due to the stress involved in dealing with an aggressive population and the potentially large group size, two facilitators led each group. In total there were three pairs of group facilitators. Each pair of leaders was already familiar to their group so novel group leaders was not a confounding variable. Since research has shown that assertive behavior has been enhanced when trainers are situationally similar to in vivo stimuli (Pentz, 1980), and the staff of the residential facility consisted of both males and females, both a male and a female co-facilitator were used. Of each pair of facilitators, one had a degree in social work and one had a degree in psychology.

The subjects in the treatment group received assertion training utilizing a structured learning approach. This approach uses lecture, modeling (demonstrating appropriate assertive skills), role playing (practicing assertive skills with coaching), and group feedback on the skills demonstrated in the group (Goldstein et al., 1980). The facilitators for this group were trained based on Waksman's (1984b) assertion training manual written in a lesson-plan format for use with adolescents (Appendix C).

The second group was an attention-placebo condition. The subjects in this group met in a group format identical to the assertion training group; however, this group consisted of self-awareness activities designed to promote awareness and discussion of feelings, values, and personal identity. The facilitators utilized a handbook of nonverbal group activities (Remocker & Storch, 1977) (Appendix D). Discussion of assertive skills was avoided by the group leaders. The purpose of this placebo group was to control for the effect of the group interaction in order to separate it from the assertion training effect.

The third group of subjects served as an inactive control group by not receiving special treatment of any kind. They continued to follow their normal daily routine in the residential facility.

In order to assess the effect of assertion training
on the self esteem and level of aggression of the
sample, a pretest-posttest control group design was
used:

R O X1 O

R O X2 O

R O   O

This design was utilized to control for all threats to
internal validity, including history, maturation,
testing, selection, instrumentation, regression,
mortality, as well as interaction of selection with the
other threats. However, this design does not control
for the threat to external validity posed by the
interaction of test and treatment (Campbell & Stanley,
1966).

Prior to the first session, a pretesting session
was conducted by the group facilitators consisting of
the ISE and the SAS. Three weeks following the
completion of the treatment conditions posttesting was
conducted by the same facilitators utilizing the same
assessment instruments. The interval between conclusion
of treatment and posttesting was originally set for one
week, however, with the outbreak of violence during the
final week of treatment at the facility this was
revised. This delay provided an opportunity to assess

whether the assertion training might affect an extreme situation, such as the riots. In addition to these measures, the number of incident reports from a pre- and posttest basis, as an indication of aggressive behavior, was compared across groups to identify whether there was a difference in observed frequency of incident reports from expected frequencies.

CHAPTER IV

RESULTS

Introduction

This chapter presents an overview of the analyses
utilized in this study, followed by discussion of
individual preliminary and main analyses used to test
the six null hypotheses. The chapter concludes with a
summary of the results of the main analyses.

Overview

Since the literature supports a possible
interrelationship between self esteem and level of
aggression, a 3 X 2 multivariate analysis of variance
(MANOVA) was conducted. In order to correct for unequal
n's, the method of estimating missing scores was
utilized (Linton & Gallo, 1975). This method allows the
researcher to replace missing scores with the mean score
for each cell. Adding mean scores does not change the
estimate of experimental effect. The independent
variable was the treatment condition consisting of three
levels (assertion training, attention-placebo condition,
and inactive control condition). The dependent variable

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consisted of the factor "aggressive self esteem", defined as the interrelationship between self esteem and level of aggression, measured at pre-treatment and post-treatment intervals. The data matrix contained six cells with two scores per subject.

A stepdown analysis was conducted in order to avoid an inflated Type I error rate. This analysis allows the dependent variables to be tested in a determined order so that an additive effect can be examined. Level of aggression was examined first with self esteem added to the analysis. An analysis of homogeneity using Box's M test was conducted. In addition, Bartlett's Test of Sphericity was used to examine the correlation matrix of the dependent variables.

In order to determine the univariate effects between groups on self esteem and level of aggression, one-way analyses of variance were performed. Scheffe's test for multiple comparisons of unequal sample sizes was conducted on all statistically significant F-ratios. In addition, t tests for correlated means were performed to assess the pretest/posttest differences on the ISE and the SAS for the group that received assertion training.

In order to determine whether there was a significant difference between groups regarding the number of incident reports, a one-way Chi square test of

statistical significance was used. The independent variable was number of incident reports, post treatment. The same analysis was used for the pre-treatment number of incident reports in order to assess whether the groups were statistically similar at the onset of treatment. A .05 level of statistical significance was utilized for all analyses.

Preliminary Analysis

Analysis of Homogeneity

In order to test the assumption of homogeneity of variance-covariance matrices, Box's M test was conducted. The analysis indicated that the assumption of homogeneity between groups on "aggressive self esteem", the dependent variable, should not be rejected, Box's M = 41.22, p > .08.

Analysis of Sphericity

Bartlett's Test of Sphericity was conducted in order to examine the correlation matrix of the dependent variables. This analysis tests the hypothesis that the variables are independent and, therefore, not highly correlated. The Bartlett's test provided an outcome of 1.39, p > .23; therefore, the hypothesis that the dependent variables are independent is not rejected. In

other words, the dependent variables do not appear to be significantly correlated. As a result, the following analyses should be interpreted with this in mind.

Number of Incident Reports (Pre-treatment)

A one-way Chi square test was used to determine whether the number of incident reports for the time period of one month prior to treatment through one month into the treatment were significantly different between groups. Results indicated a nonsignificant difference between groups, χ^2(2, $\underline{N}$ = 117) == 3.73, $\underline{p}$ > .05.

Main Analyses

Hypothesis One

The first null hypothesis stated that there is no difference in the factor "aggressive self esteem" in male adolescents adjudicated delinquent participating in an assertion training group and those participating in an attention-placebo group and those in an inactive control group.

A 3 X 2 multivariate analysis of variance (MANOVA) was used to analyze the effect of the treatment condition (assertion training, attention-placebo, and control) on "aggressive self esteem", defined as the relationship between level of aggression and self

esteem. The pre-treatment scores on the two measurements were assessed as covariates. Therefore, the dependent variables have been adjusted for the differences in the covariates. In addition, the Roy-Bargman Stepdown F test was utilized in order to avoid an inflated Type I error rate. Level of aggression was examined first with self esteem added to the analysis. The results indicated that there was a statistically significant effect, F (4,44) = 2.90, p < .04; therefore, the null hypothesis was rejected (Table 1). This indicates that there was a statistically significant difference between the three groups on the factor of "aggressive self esteem" in the sample population. The nature of this difference will be explained more fully by the results of the following hypotheses. In addition, the stepdown analysis indicated that the variance of the level of aggression contributed the most significantly to the overall variance of the dependent factor, aggressive self esteem, F (2,22) = 4.10, p < .04 (Table 2).

Hypothesis Two

Hypothesis two speculated that assertion training had no effect on self esteem, as measured by the Index of Self Esteem scale (ISE) of the Clinical Measurement Package, in male adolescents adjudicated delinquent.

TABLE 1

MULTIVARIATE TESTS OF SIGNIFICANCE FOR THE EFFECT OF

TREATMENT ON THE RELATIONSHIP BETWEEN

SELF ESTEEM AND LEVEL OF AGGRESSION

Test Name	Value	Approx. F	df	p
Pillai's	.41758	2.90278	4,44	.032
Hotelling's trace	.60540	3.02698	4,40	.029
Wilks' Lambda	.60736	2.97305	4,42	.030

Due to less than ideal design conditions (i.e. small sample sizes and unequal n's), Phillai's criterion was the criterion of choice (Tabachnick & Fidell, 1983).

TABLE 2

ROY-BARGMAN STEPDOWN F-TESTS

Variable	Hypoth. MS	Error MS	Stepdown F	df	$\underline{p}$
Level of Aggression	403.91422	98.48025	4.10147	2,22	.031
Self Esteem	158.90545	75.93668	2.09260	2,21	.148

This analysis allows the researcher to test the dependent variables separately in a specified order, testing the varaible that is of most interest first. Each successive dependent variable is then tested with the higher-priority variables treated as covariates. This enables the researcher to see if the new variable significantly adds to the combination of the dependent variables already tested (Tabachnick & Fidell, 1983).

In order to test this hypothesis, a t test for correlated means was performed to determine whether there was a significant difference between mean scores on the ISE prior to receiving assertion training and mean scores on the ISE following assertion training. Due to the outbreak of violence, the number of subjects that could be assessed fully on this hypothesis was twelve. The results indicated that there was no significant difference between pre- and posttest mean scores on the ISE, $t = .394$, $p > .70$. As a result, the null hypothesis was not rejected.

Hypothesis Three

The third hypothesis tested in this study stated that assertion training has no effect on level of aggression, as measured by the Sears' Aggression Scale (SAS), in male adolescents adjudicated delinquent. Only twelve subjects were assessed in this hypothesis.

This hypothesis was tested using a t test for correlated means. The objective was to determine whether there was a significant difference between pretest mean scores and posttest mean scores on the SAS for the group who received assertion training. The analysis showed that there was no significant difference between the two mean scores, $t = 1.149$, $p > .30$. Therefore, the null hypothesis was not rejected.

Hypothesis Four

The fourth null hypothesis for this study postulated that there is no difference in self esteem, as measured by the ISE, between male adolescents adjudicated delinquent participating in an assertion training group and those participating in an attention-placebo group and those in an inactive control group.

A one-way analysis of variance was conducted and examined, with the independent variable being treatment group consisting of three levels, an assertion training group, an attention-placebo group, and an inactive control group. The dependent variable was self esteem, as determined by the post-treatment score on the ISE. The results indicated a statistically significant difference between groups, F (2,24) = 4.52, p < .05 (Table 3). A strength of association test was conducted (Eta squared) which indicated that 27% of the variance in self esteem was due to the treatment condition. Therefore, the null hypothesis was rejected. The Scheffe's test for multiple comparisons with unequal sample sizes was utilized to determine where the differences occurred. This test indicated that the only significant difference was between the assertion training group ($\overline{X}$ = 43.67) and the attention-placebo group ($\overline{X}$ = 29.11), with the assertion training group

TABLE 3

ANALYSIS OF VARIANCE FOR SELF ESTEEM

Source	SS	df	MS	$\underline{F}$	$\underline{p}$
Treatment	882.185	2	441.093	4.517	.021
Error	2343.889	24	97.662		
Total	3226.074	26			

As measured by the Index of Self Esteem Scale of the Clinical Measurement Package (Hudson, 1982).

producing the highest mean score for the ISE, indicating a lower self esteem. Therefore, this does not support the research hypothesis that assertion training has a significant effect on increasing self esteem in male adolescents adjudicated delinquent.

Hypothesis Five

The fifth null hyposthesis analyzed in this study stated that there is no difference in level of aggression, as measured by the SAS, between male adolescents adjudicated delinquent participating in an assertion training group and those participating in an attention-placebo group and those in an inactive control group.

A one-way analysis of variance was utilized, with the independent variable of treatment group consisting of three levels, an assertion training group, an attention-placebo group, and an inactive control group. The dependent variable was the level of aggression, as determined by the post-treatment mean score on the SAS. The results indicated a statistically significant difference between groups on level of aggression, F (2,24) = 7.48, p < .01 (Table 4). Eta squared showed that 38% of the variance in level of aggression was due to the treatment condition. Therefore, the null hypothesis was rejected. The Scheffe's test for

TABLE 4

ANALYSIS OF VARIANCE FOR LEVEL OF AGGRESSION

Source	SS	df	MS	$\underline{F}$	$\underline{p}$
Treatment	1591.436	2	795.718	7.476	.001
Error	2554.638	24	106.443		
Total	4146.074	26			

As measured by the Sears' Aggression Scale (Sears, 1961).

multiple comparisons of unequal sample sizes was performed and examined. The showed a significant difference between the assertion training group ($\overline{X}$ = 152.17) and the inactive control group (X = 166.75), with the assertion training group scoring significantly lower on the SAS. There was also a statistically significant difference between the attention-placebo group ($\overline{X}$ = 150.78) and the inactive control group ($\overline{X}$ = 166.75), with the attention-placebo group scoring significantly lower than the inactive control group. These results seem to support the idea that group treatment of some kind has effect on decreasing level of aggression in male adolescents adjudicated delinquent.

Hypothesis Six

The final null hypothesis in this study stated that there would be no difference in number of incident reports, as an indication of aggressive behavior, following the treatment condition between male adolescents adjudicated delinquent participating in an assertion training group and those participating in an attention-placebo group and those in an inactive control group.

A one-way Chi square test was used to determine whether the number of incident reports for the time

period beginning one month prior to the end of treatment through two months post-treatment were statistically different between groups. According to the null hypothesis, there would be no difference between groups in the number of incident reports obtained. The Chi square was statistically significant, χ^2(2, $\underline{N}$=117) = 6.82, $\underline{p}$ < .05 ($\underline{N}$ = total number of incident reports written), with the assertion group having the smallest number of incident reports (n = 27) and the attention-placebo group (n = 50) having the largest number of incident reports. This indicates a statistically significant difference between groups; therefore, the null hypothesis was rejected.

Summary

The multivariate analysis of variance indicated a significant difference between groups regarding the factor of an interrelationship among level of aggression and self esteem, with level of aggression contributing the most to the overall variance. Self esteem and level of aggression examined individually in a pretest/posttest comparison for those individuals receiving assertion training showed no significant results. However, a comparison of ISE scores between groups did indicate a significant difference, with the attention-placebo group providing the lowest mean score,

indicating higher self esteem. A comparison of the SAS scores between groups also indicated a significant difference; however, both the assertion training group and the attention-placebo group had lower scores than the inactive control group, indicating a lower level of aggression.

The final comparison was a behavioral assessment of level of aggression. This analysis examined the number of incident reports written for each group following treatment. The Chi square analysis indicated a significant difference between groups with the assertion training group reporting the fewest incidents and the attention-placebo group reporting the highest number.

CHAPTER V

SUMMARY, CONCLUSIONS AND

RECOMMENDATIONS

Summary

This study examined whether group assertion
training had an effect on the interrelationship
of level of aggression and self esteem in male
adolescents adjudicated delinquent. Since research in
the area is somewhat sparse, this study also was
intended to provide more evidence addressing the
efficacy of assertion training with adolescents.

Subjects for this study were 27 male adolescents
that have been adjudicated by the courts as delinquent.
Each subject was from a maximum security residential
facility in a state within the southwest region of the
United States. Average length of incarceration was 8.3
months. Of those reporting, ages ranged from 15 to
18 years.

The subjects came from intact groups, therefore,
one of three treatment conditions was randomly assigned
to each group; (a) assertion training, (b) attention-
placebo, and (c) inactive control. Each group met one

time per week for 90 minutes per session. Each group was facilitated by two group leaders, one male and one female. The subjects in the assertion training group were taught assertiveness utilizing a structured learning approach (see Appendix C) (Waksman, 1984b). The attention-placebo group participated in group activities designed to promote awareness of feelings and values without discussing assertive behavior (see Appendix D) (Remocker & Storch, 1977). The third group, the inactive control group, simply maintained their usual daily routine with no novel experiences.

Two instruments were utilized in this study; (a) the Index of Self Esteem scale of the <u>Clinical Measurement Package</u> (Hudson, 1982) and (b) the Sears' Aggression Scale (Sears, 1961). In addition, a behavioral measure of aggressive behavior, as determined by the number of incident reports filed, was examined. Each instrument was administered on a pretest/posttest basis. The number of incident reports were gathered for the time period of one month prior to treatment through one month into the treatment and for the time interval of one month prior to the completion of treatment through two months following completion of treatment. These two sets of data were compared between groups to determine whether there was a significant difference between groups.

The results of the analyses indicated:

1. There was a significant difference between groups regarding the interrelationship of level of aggression and self esteem in male adolescents adjudicated delinquent, with the variance of level of aggression making the most significant contribution to the overall variance of aggressive self esteem.

2. No significant difference was found between pre- and posttest assessments of self esteem within the assertion training group. Therefore, the hypothesis that assertion training has no effect on self esteem was not rejected.

3. No significant difference was found between pre- and posttest assessments of level of aggression within the group that received assertion training. Therefore, the hypothesis that assertion training has no effect on level of aggression was not rejected.

4. There was a significant difference in self esteem scores between the assertion training group and the attention-placebo group, with the assertion training group receiving a higher mean score, indicating a lower self esteem.

5. There was a significant difference between the assertion training group and the inactive control group on level of aggression, with the assertion training group scoring significantly less on level of aggression.

In addition, there was a significant difference between the attention-placebo group and the inactive control group, with the lower scores being from the attention-placebo group. Therefore, following the treatment conditions, both the assertion training group and the attention-placebo group appeared to have a lower level of aggression than did the inactive control group.

6. A statistically significant difference occurred between groups regarding the number of incident reports written. The assertion training group filed the fewest number of incident reports following the treatment conditions, indicating fewer displays of acting-out aggressive behavior.

Conclusions

The original theoretical underpinnings which prompted this study were that individuals respond to their environment based on early learned behavior, which may result in negative feedback from their environment. However, if they can learn new ways of getting their needs met, then they increase the chances of receiving positive feedback from their environment. Specifically, if aggressive adolescents have the opportunity to learn how to get their needs met in an assertive manner, their need to behave aggressively will decrease.

Research indicates that aggressive behavior often

results in peer rejection (Landau & Milich, 1985; Roff & Wirt, 1985), which could contribute to lower self esteem. Lambert et al. (1972) suggest that juvenile offenders have a poor image of themselves and this poor self concept appears to be a crucial factor in perpetuating delinquency. This supports the speculation of a relationship between aggressive behavior and self esteem in adolescents.

Therefore, this study speculated that if male delinquents can learn to behave assertively rather than aggressively, they would receive a more positive response from their environment, resulting in a more positive self image. In order to investigate this initial speculation, several hypotheses were tested and examined.

The Relationship Between Self Esteem and Level of Aggression

The speculation of a relationship between level of aggression and self esteem in male adolescents adjudicated delinquent, as well as, the effects of the treatment condition on that construct, seemed to be supported to some extent. Results indicated a significant difference between groups in regards to this construct, however, the Bartlett's test of sphericity indicated that the two variables formed only a mildly

dependent factor. In other words, level of aggression and self esteem seem to be only mildly related. There does not seem to be adequate statistical evidence in this study to support the speculation that a relationship exists between the level of aggression of an individual and their self esteem.

Interestingly, the treatment condition appeared to have the most effect on the level of aggression rather than on self esteem. Thus, level of aggression seems to be the more sensitive variable to change resulting from treatment. One reason for this might be that modifications in level of aggression can be determined easier due to the fact that aggression is easier to define in objective terms (i.e. specific behaviors), whereas self esteem is a more abstract variable which develops over time. For example, in examining the items on the instruments used, it is apparent from key words which instrument is assessing aggression (i.e. "fighting," "hitting," and "kill") (Appendix B). These are terms that bring identifiable behaviors to mind.

The self esteem scale, however, is more subtle in its assessment (i.e. "interesting," "good impression," "self-conscious," and "beautiful") (Appendix A). These descriptions could have different meanings for different individuals. For example, a "good impression" to one person may mean being quiet and attentive, whereas, a

"good impression" to someone else may require joining in
and being outgoing. Therefore, although conclusions
regarding the factor itself are difficult to state, it
is possible that the problem lies in the assessment
rather than whether there is a legitimate factor or not.

Effects of Assertion Training on Self Esteem

There was a significant univariate effect between
groups on self esteem, with a significant difference
between the assertion training group and the attention-
placebo group. However, the assertion training group
scored significantly higher on the ISE, indicating a
lower self esteem. This result was opposite of the
original speculation that assertion training would
result in a higher self esteem. Based on these results,
it appears that the attention-placebo group had a
greater effect on enhancing self esteem in this sample
population. One explanation for this difference may be
that the attention-placebo group focused more on self-
awareness (i.e. values, feelings), whereas the assertion
training group was directed toward specific behaviors.
Changes in specific behaviors require time to practice
if they are to become integrated into the person's
repertoire and, therefore, affect their attitudes and
self esteem.

Since developing a positive self concept is one of

the goals of adolescence, which spans the years between puberty and adulthood (Lambert et al., 1972), it seems obvious that developing one's self concept and/or self esteem is a process that occurs over time. Therefore, another possible explanation for the lack of change in self esteem due to the assertion training may be that any modifications in self esteem require more time to surface.

One limitation of this study is that the dependent measures were acquired over a relatively short period of time, approximately twelve weeks. It is possible, therefore, that learning assertive skills does have an effect on self esteem once those skills have been practiced over time. However, there is not sufficient evidence to make this determination adequately.

The conclusion that assertion training had no effect on self esteem is also supported by comparing the pretest scores and the posttest scores on the ISE for the group that participated in the assertion training. There was no significant difference between the two mean scores. Based on these results, it appears that assertion training, in and of itself, had no effect on enhancing self esteem in this sample population. However, the idea that self esteem develops over time and any modifications of such need more time to assess should be kept in mind regarding these results.

Effects on Level of Aggression

Based on the above results, level of aggression was the most significantly affected by the treatment conditions. In examining the effects, both the assertion training group and the attention-placebo group were significantly different from the inactive control group. This seems to support the idea that group interaction and/or treatment of some kind has a positive effect on aggression in male adolescents adjudicated delinquent; however, it cannot be stated that assertion training in and of itself was responsible for the difference in level of aggression between groups.

Since participation in both the assertion training group and the attention-placebo group seemed to have significant effects on level of aggression, perhaps the best alternative would be to incorporate assertion training with self awareness activities in a group setting. Since behaving assertively implies having rights as an individual, combining activities that promote self-valuing with the development of assertive skills seems to be of obvious benefit.

Another aspect of a program of this sort would be that these activities would allow the facilitators to structure the group in such a manner that the members would be active instead of bored and restless.

Individuals are more likely to retain new learning when they are allowed to take a more active role in obtaining the knowledge.

Since both groups showed significant results, it appears that the group interaction played an important role in the treatment effects. Group activities such as those used in this study are a viable option to traditional therapy, especially in residential settings where the staff-to-client ratio tends to be out of proportion. These findings support the utilization of social skills building programs with adolescents, as well as other research in the area of the effects of assertion training on aggression in adolescents in a variety of settings (Huey, 1983; Leaman, 1983; Martinez, 1977).

Incident Reports

A potentially confounding variable to remember regarding the above results is the breakout of violence that occurred just prior to the posttesting period. The tension and anxiety resulting from this violence may have affected the attitudes of the participants in regards to complying with the paper-and-pencil self-assessment. Therefore, these results need to be regarded with caution.

In order to adjust for the potential confounding

effect of the riots, a behavioral assessment was
utilized to determine whether there was a difference
between groups in regards to the aggressive behavior
displayed by the subjects in the sample. The number of
incident reports, as a measure of aggressive behavior,
was collected for the time period beginning one month
prior to the completion of treatment through two months
following the completion of treatment for each group. A
comparison across groups indicated that the group that
received assertion training had the fewest number of
incident reports filed, with the attention-placebo group
having the largest number filed. These results provide
evidence for the speculation that in actual situations,
even extreme situations, there appears to be a
difference in behavior for individuals who have had the
opportunity to learn more assertive ways of dealing with
their environment.

Summary

In summary, it appears that group assertion
training has some effect on level of aggression in male
delinquents. Although there did not seem to be adequate
support for effects on self esteem, this variable
develops over time and, therefore, may require more time
to assess. In addition, longer term instruction may be
required in order to generate changes in a variable such

as self esteem. However, the benefits of developing and utilizing more structured programs of this type in settings such as the one in this study seem to be apparent. These programs provide structured activities for the residents, measureable knowledge that can be assessed by the staff, as well as, opportunities for the staff to provide creative novel experiences for the residents. In addition, programs that teach social skills can be enhanced when taught in a residential facility because these facilities provide a safe environment for new behaviors to be practiced. However, in order to optimize benefits it seems essential to combine the teaching of assertive skills with activities that promote self-valuing, because unless the individual accepts the belief that he/she has rights as an individual, the assertive skills will not be put into practice.

Recommendations

There remains a deficit of research in the area of assertion training with adolescents in general. If adolsecence is a time of developing one's own identity and values, then future research needs to address the benefits of such programs as the one in this study in order to utilize this time of growth. Substance abuse programs for adults provide assertion training groups to

help the individuals maintain their sobriety. It seems to make sense that if assertive skills can be developed at an early age, some of the problems that result in chemical abuse, as well as, a variety of other problems could be deterred.

Specifically, future research in this area needs to consist of a larger sample so that the mortality rate that occured in this study would not have a confounding effect. In addition, conducting the treatment groups at more than one facility, as well as, with both male and female subjects would increase the generalizability of the study. An acknowledged limitation of this study is the inability to generalize past the population that the sample was extracted from.

Another area that might be more beneficial would be to utilize more behavioral assessments, such as observations by the staff of specific types of behaviors, rather than paper-and-pencil assessments. This population, aggressive adolescents, tends to be distractable and display some oppositional characteristics. Therefore, their interest in sitting and responding to a written assessment may not yield genuine responses.

Future research utilizing the same group leaders for all three groups would also be important. This would control for differences in styles between leaders

that cannot be controlled for using different leaders. However, using already established group leaders in this study did control for the novelty effect of introducing new individuals to these subjects' environment.

Research on the effects of group assertion training in other types of residential programs for adolescents should also be conducted (i.e. chemical abuse programs, psychiatric programs, group home settings). This research would deliniate whether assertion training is more beneficial in some types of settings than in others.

In order to establish an effective method of modifying aggressive behavior, as well as, self esteem, research utilizing a combination of self awareness and assertion training needs to be conducted. It seems obvious from these results that both treatments had some effect, but a combination of the two might be the key to maximizing the results. Self awareness activities were used in this study as a placebo treatment instead of being examined closely for their unique effects. Therefore, an examination of these effects is warranted.

This appears to be a wide area that needs to be covered. As stated above, if individuals can be taught more effective methods of dealing with their environments at an early age, the likelihood of deterring future problems is greater.

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APPENDICES

APPENDIX A

INDEX OF SELF-ESTEEM

Index of Self Esteem

This questionaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Some of the time
4. A good part of the time
5. Most or all of the time

_____ 1. I feel that people would not like me if they really knew me well.

_____ 2. I feel that others get along much better than I do.

_____ 3. I feel that I am a beautiful person.

_____ 4. When I am with other people I feel they are glad I am with them.

_____ 5. I feel that people really like to talk with me.

_____ 6. I feel that I am a very competent person.

_____ 7. I think I make a good impression on others.

_____ 8. I feel that I need more self-confidence.

_____ 9. When I am with strangers I am very nervous.

_____10. I think I am a dull person.

_____11. I feel ugly.

_____12. I feel that others have more fun than I do.

_____13. I feel that I bore people.

_____14. I think my friends find me interesting.

_____15. I think I have a good sense of humor.

1. Rarely or none of the time
2. A little of the time
3. Some of the time
4. A good part of the time
5. Most or all of the time

_____16. I feel very self-conscious when I am with strangers.

_____17. I feel that if I could be more like other people I would have it made.

_____18. I feel that people have a good time when they are with me.

_____19. I feel like a wallflower when I go out.

_____20. I feel I get pushed around more than others.

_____21. I think I am a rather nice person.

_____22. I feel that people really like me very much.

_____23. I feel that I am a likeable person.

_____24. I am afraid I will appear foolish to others.

_____25. My friends think very highly of me.

APPENDIX B

SEARS' AGGRESSION SCALE

Name

Here are a number of sentences. Just above the
first sentence and at the top of each page you will see
five statements with a letter next to each one. At the
right of the sentences you will see these same five
letters (A,B,C,D,E). Read each sentence carefully and
then circle the letter at the right of the sentence to
show how you feel about what the sentence said. If you
agree strongly, circle the letter A. If you just agree
with the sentence circle the letter B. If you are not
sure, circle the letter C. If you disagree with the
sentence circle the letter D, and if you disagree
strongly, circle the letter E.

Strongly Agree	A
Agree	B
Not Sure	C
Disagree	D
Strongly Disagree	E

1. It makes me uncomfortable to see
    two of my friends fighting.   A B C D E

2. If someone gets hurt in an auto
    accident, I usually try to get a
    good view of what happened.   A B C D E

3. My close friends trust me enough
    so I never have to wonder what
    they think of me.   A B C D E

4. I really enjoy reading an adventure
    story with a lot of good fights in
    it.   A B C D E

5. When I am hungry, I would like to
    eat something sweet (like cake)
    better than something filling
    (like a meat or peanut butter
    sandwich).   A B C D E

6. A boxing or wrestling match is
    more exciting when it's a real
    grudge fight, and the fighters
    are really mad at each other.   A B C D E

Strongly Agree	A
Agree	B
Not Sure	C
Disagree	D
Strongly Disagree	E

7. Every club should have a set of definite rules for the members, and someone should be chosen to enforce the rules.

A B C D E

8. It upsets me to think that some thoughtless word or crack of mine might hurt someone's feelings.

A B C D E

9. There is a good chance that radiation from atomic bombs will kill off the human race.

A B C D E

10. A good cleanly fought football game is about the best sport there is.

A B C D E

11. There are really important differences between boys and girls in the kinds of books they like to read.

A B C D E

12. When I get angry, I usually feel bad afterwards.

A B C D E

13. A lot of adults seem to have it in for kids, and always are causing them trouble.

A B C D E

14. I cannot imagine what it would be like really to consider committing suicide.

A B C D E

15. Hitting somebody smaller than you is absolutely never excusable.

A B C D E

16. I think it is important for boys and girls of my age to begin thinking about how to get ahead in life.

A B C D E

17. It makes me nervous to hear a gang of boys getting argumentative even when I'm not involved.

A B C D E

Strongly Agree   A
Agree   B
Not Sure   C
Disagree   D
Strongly Disagree   E

18. Big dogs are likely to be
    dangerous.   A B C D E

19. Schools ought to pay more
    attention to track and field
    sports and swimming, and less
    to football and boxing.   A B C D E

20. Laws against fighting ought to
    be more strictly enforced.   A B C D E

21. I usually feel happier on the
    weekends than I do during the
    week.   A B C D E

22. Sometimes I feel that I have
    about as many enemies as I do
    friends.   A B C D E

23. When I get too angry, I'm liable
    to get in trouble.   A B C D E

24. A romantic movie always leaves me
    feeling dreamy afterward.   A B C D E

25. Sometimes I feel that there are
    so many bad people in the world
    that even my own town is about as
    dangerous to live in as a real
    jungle.   A B C D E

26. I like almost any kind of work or
    play at which I can compete with
    someone else and maybe win.   A B C D E

27. It is all right for a teacher to
    criticize someone in front of the
    class if that person has broken a
    rule.   A B C D E

28. If I had a chance to play a part
    in a Hollywood movie, I would enjoy
    it very much.   A B C D E

Strongly Agree   A
Agree   B
Not Sure   C
Disagree   D
Strongly Disagree   E

29. There are too many vicious crimes
    described in the newspaper.   A B C D E

30. When someone does not pay attention
    to me, or just seems to look right
    through me, it is usually because
    he is secretly mad at me.   A B C D E

31. A good argument is all right if
    everybody keeps his temper under
    control.   A B C D E

32. If an older boy is mean to a
    younger one, the younger one has
    a perfect right to get even with
    him in any way he can, even in
    some secret or sneaky way.   A B C D E

33. Stamp-collecting is one of my
    favorite hobbies.   A B C D E

34. I hate to hear people at a baseball
    game yelling "kill the umpire."   A B C D E

35. I have to be careful what I say to
    people, because they get mad so
    easily.   A B C D E

36. It is perfectly natural for boys
    to want to fight sometimes.   A B C D E

37. I would like to be a politician
    as a career.   A B C D E

38. Sometimes I think I deserve more
    punishment than I get for the
    things I do.   A B C D E

39. If a person has a quick temper, you
    just have to expect him to blow up
    sometimes, and you shouldn't pay
    too much attention.   A B C D E

Strongly Agree   A
Agree   B
Not Sure   C
Disagree   D
Strongly Disagree   E

40. I get along best with my friends
    when I am with just one or two
    at a time instead of a whole
    crowd.   A B C D E

41. I usually don't show it when I
    get angry, but it leaves me
    shaking inside afterward.   A B C D E

42. Farming would be a good job
    because it gives you a chance
    to watch things grow.   A B C D E

43. I don't think there is anybody
    who really is trying to do me
    harm.   A B C D E

44. I get nervous when a big crowd
    of people are coming toward me.   A B C D E

45. Teasing kinds of jokes are always
    a little dangerous because the
    kidding may get out of hand.   A B C D E

46. When a person has broken an
    important rule, he should definitely
    be punished for it.   A B C D E

47. Everybody in school should have a
    chance to act in a play sometime.   A B C D E

48. Teachers should be very careful
    never to let a class discussion get
    too heated or too personal.   A B C D E

49. If you treat people decently, they
    nearly always treat you that way
    too.   A B C D E

50. Just when things are going best
    for me, I seem to do something
    that brings down punishment on me.   A B C D E

51. Every boy ought to be taught to box. A B C D E

```
Strongly Agree      A
Agree               B
Not Sure            C
Disagree            D
Strongly Disagree   E
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52. I usually feel pretty happy when I
    wake up in the morning.   A B C D E

53. I like to watch a real man-sized
    slugging match in a movie or on TV.   A B C D E

54. Most of my troubles have been
    started by other people.   A B C D E

55. There is too much emphasis these
    days on competitive sports.   A B C D E

56. Sometimes an actual fight is the
    only way to settle an argument.   A B C D E

57. When you are feeling lonesome and
    unhappy, eating something is the
    best thing to do.   A B C D E

58. Even with your best friend, a good
    fight often seems to clear the air
    and make you feel better.   A B C D E

59. Sometimes I have dreams in which
    somebody hurts me.   A B C D E

60. There have been times when I was
    so angry I felt like practically
    killing myself.   A B C D E

61. At school, teachers should never
    permit any pushing or shoving
    among the children because someone
    might get hurt.   A B C D E

62. I would like to be very good at
    mechanical things, such as fixing
    automobiles or using power tools
    in a shop.   A B C D E

63. Arguing nearly always leads to
    trouble in one way or another.   A B C D E

64. People seem to find fault with
    me more than I deserve.   A B C D E

Strongly Agree   A
Agree   B
Not Sure   C
Disagree   D
Strongly Disagree E

65. I have had more accidents in which
    I was injured than most people my
    age.   A B C D E

66. I don't see anything especially
    wrong about a fight between two
    gangs of teenagers; it's their
    business and adults should keep
    out of it.   A B C D E

67. Every boy and girl should know
    how to dance before high school
    age.   A B C D E

68. When some adult criticizes or
    scolds me, I get all tied up
    inside and cannot answer back.   A B C D E

69. Sometimes when I have been out
    alone at night, I have had the
    feeling that somebody was following
    me, even though I could never
    prove it.   A B C D E

70. There is too much fighting and
    arguing shown on TV.   A B C D E

71. My friends get mad at me more
    often than I get mad at them.   A B C D E

72. When I am tired from playing
    outdoors, I like to be alone
    while I rest.   A B C D E

73. If a sixth grader starts a fight,
    he should be punished in some way,
    no matter why he started it.   A B C D E

74. It is really fun to save money and
    watch your savings add up.   A B C D E

75. Football would be a better game if
    you could be sure nobody would get
    tough and mean.   A B C D E

Strongly Agree   A
Agree   B
Not Sure   C
Disagree   D
Strongly Disagree   E

76. I do not like to give a report in
    front of the whole class.   A B C D E

77. It is all right to hurt someone
    as a punishment for doing wrong,
    but that is absolutely the only
    time one person should hurt another.   A B C D E

78. It makes me nervous when another
    person tries to be too friendly
    with me.   A B C D E

79. You have to stand up for your
    rights - even to the extent of
    fighting - if you want to get
    along in the world.   A B C D E

80. At my age, girls are usually
    more interested in dancing than
    boys are.   A B C D E

APPENDIX C

ASSERTION TRAINING GROUP SESSIONS

Assertion Training Group Sessions

Session one. The goal of session one was to discriminate assertive responses from nonassertive and aggressive responses. The facilitators described the three concepts of nonassertive behavior, aggressive behavior and assertive behavior to the group.

The participants were then divided into smaller groups. Each smaller group was given a sample situation for which the group was to formulate three different responses, a nonassertive response, an aggressive response and an assertive response. The subjects were then asked to role play the various responses. This was continued until the group was able to distinguish the three different response styles. The subjects were then asked to respond, in writing, to several questions regarding nonassertive, aggressive, and assertive behavior.

Session two. The goal of session two was to discriminate assertive refusals and requests from nonassertive and aggressive refusals and requests. The facilitators explained the differences between assertive refusals and requests and nonassertive or aggressive refusals and requests.

Subjects were then asked to role-play various situations utilizing requests and refusals. The

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differences between nonassertive, aggressive, and
assertive behaviors were discussed and group members
were encouraged to praise those participants doing the
role playing. Following the role playing, subjects were
asked to write down a list of requests and refusals they
would like to make to various people (i.e. parents,
teachers, friends) exactly how they would say them.
These were discussed and constructive feedback was
provided. They were then given a list of situations in
which the subjects were to identify whether the response
was nonassertive, aggressive, or assertive. These were
discussed.

Session three. A goal of session three was to
review nonassertive, aggressive, and assertive terms,
and assertive requests and refusals. Another goal was
to discriminate assertive eye contact, posture, voice
volumes and voice tone from nonassertive and aggressive
behaviors.

First, the concepts of eye contact and assertive
posture were explained to the participants. Then
volunteers were asked to role play these concepts.
Secondly, the facilitators explained the concepts of
voice volume and voice tone to the group. Again,
volunteers were asked to demonstrate each of these
concepts in front of the group. The participants were

asked to role play various situations incorporating these nonverbal behaviors with making assertive requests and refusals.

Session four. The goal of the fourth session was to review passive, aggressive and assertive "requests" and "refusals," as well as, assertive "eye contact," "posture," "voice-volume" and "voice-tone." The participants were also to develop the ability to discriminate clear goal statements from vague goal statements.

The facilitators explained goal clarity to the group and demonstrated examples. Group members were then asked to write out five clear, specific goal statements and share them with one other group member. Volunteers were then asked to demonstrate examples of specific and vague goal statements in front of the group in order for the group to learn to discriminate between the two statements.

Session five. The goal of this session was to review goal clarity and examples of specific or clear and general or vague goal statements. Participants were also to understand the process of generating alternatives and selecting an appropriate course of action. The facilitators explained that although there are three basic ways to respond to a problem situation

(i.e. passive, aggressive, or assertive), there are many different responses in each catagory.

Group participants were then divided into smaller groups and each small group was asked to generate responses to various problem situations. Each group then shared their responses with the rest of the larger group. Each group was asked to select the most assertive response to each situation and explain to the entire group their rationale for selecting each response.

Session six. The goal of the sixth session was to review the process of generating alternatives and selecting a course of action. Another goal was to learn how to use assertive distance, open questions, and free information to help make friends.

The concepts of assertive distance, open questions, free information and closing conversation skills were explained to the group. The participants were divided into pairs and instructed to practice approaching each other, utilizing the concept of assertive distance. The group, as a whole, then discussed differences in appropriate or assertive distance. The subjects were asked to respond on paper to several situations utilizing the concepts of open questions, free information and closing conversations. They were then

instructed to use these situations to role play the concepts of open questions, free information and closing conversation skills.

Session seven. The goal was to review assertive distance, open questions and free information. Another goal of this session was to learn how to disclose feelings.

Participants were asked to close their eyes and relax and listen to a brief scenerio in which they were to place themselves in a feeling situation and then imagine themselves telling someone how they felt. The participants were then asked to complete incomplete sentences describing feelings and share their responses with one other group member. The entire group then discussed the experience of disclosing feelings and its importance.

Session eight. The goals of session eight were to review disclosing feelings and to learn how to use the feeling thermometer. The concept of the feeling thermometer, a gauge for people to measure how anxious certain situations make them feel, was explained to the group. The group was then given fifteen situations in which to rate their "feeling temperature." The participants were then divided into small groups to compare their answers and discuss whether everyone

experienced the same amount and kind of feelings.

The facilitators then composed a list of situations which produced a great deal of anxiety and/or anger in many people. The group then submitted suggestions for dealing with or reducing the anxiety or anger. Each suggestion was discussed and evaluated by the group. The group was then asked to keep track of their feeling thermometer for the next week and record one situation in which it was low, one situation in which it was middle and one situation in which it was high.

Session nine. The goals of this session were to review the feeling thermometer, as well as, to learn how to use assertive touching, latent listening and the expression of friendship or affection. To reach these goals the concepts of assertive touching, latent listening and expression of friendship or affection were explained to the group. Volunteers from the group were then asked to role play in front of the group how to greet a friend, use assertive touching and latent listening. Subjects were then asked to pair off and role play five different situations that involved expression of friendship. When each pair had completed this task, they were asked to role play these skills in front of the entire group. Group discussion followed.

Session ten. One goal of this final session was to

review how to use assertive touching, latent listening and the expression of friendship. A second goal of this session was to practice giving and receiving compliments and using self-reinforcement.

The facilitators explained the concepts of assertively giving and receiving compliments. The differences between self-praise, self-reinforcement, positive self-statements and bragging were explained to the group. Each subject was given the chance to role play giving a compliment to someone they know in the group and receiving a compliment. Each participant was then asked to write down three good things about themself and three good things they could tell themself after doing something well. Participants were then asked to sit in a circle and take turns giving compliments to one person at a time. Subjects were then asked to explain how they felt when they received their compliments. It was then pointed out to the group that self-reinforcement often has the same effect as compliments from others.

APPENDIX D

ATTENTION-PLACEBO GROUP SESSIONS

Attention-Placebo Group Sessions

Session one. The group divided up into pairs and each pair became acquainted with one another through conversation. Then, each person in turn, introduced and described his partner to the remainder of the group. When everyone had completed this task, the entire group discussed the experience. The topics of discussion included: (a) What feeling did each person experience while doing the exercise? (b) Within each pair, how did the conversation go (i.e. did both participate equally, or one more than the other)? (c) What social situations do you find yourself in where this type of conversation would be both appropriate and necessary?

Session two. During this session each person was required to list five things they dislike most on a piece of paper. After each person had completed his list, the papers were collected and then redistributed among the group so that no one had his own paper. Each person then read aloud the paper they had and the other group members attempted to guess who had written the list. This allowed the group members to become more aware of each other as individuals.

Session three. During this session, each group member was invited to stand on an imaginary line to

show, firstly, how he saw himself participating in the
group and, secondly, how he would have liked to have
participated. The extremes of the line represented the
"outgoing leader" and the "withdrawn follower." The
discussion included: (a) How did the position each
person chose relate to their participation in the group?
(b) Did each person's participation in the group have
any relationship to his lifestyle, friendships, and
methods of coping with problems? This activity allowed
members to become more aware of each member's behavior
and factors influencing that behavior.

Session four. This session consisted of each group
member constructing a self portrait collage which
illustrated his personality. Each person was to include
pictures that showed his attitudes and interests, likes
and dislikes, characteristics, family, friends,
ambitions, feelings, and problems. When each person had
completed their collage they were invited to discuss
what they had created. This provided an opportunity for
each person to share personal information.

Session five. In the fifth group session one
person was asked to describe a diagram precisely. The
remaining group members were to listen to the
description of the diagram and individually attempt to
reproduce the diagram on paper from the instructions

given and without being able to ask any questions.
After each person completed their drawing, a second
diagram was described but this time both questions and
gestures could be used in the description. Following
the completion of the second set of diagrams the group
members were encouraged to discuss the two exercises.
During the discussion the group was encouraged to
compare and contrast the two exercises regarding:
(a) What feelings were evoked? (b) How important were
the gestures in aiding communication? (c) How did
these experiences compare with our daily lives? (d) Why
was it important to ask questions? (e) Were there any
situations in their daily lives which illustrated the
two types of communication?

Session six. The sixth session consisted of an
activity in which one person was asked to leave the
room. After the person had left the room the remaining
group members were to write down as many things that
they could remember about the person that had left
(i.e. physical appearance, clothing, likes and dislikes,
personal strengths, etc.). When the person returned,
the other group members each read their list aloud. The
discussion was then directed towards how the comments
compared or contrasted with how the person saw himself.
Another aspect that was discussed was the importance of

comments and observations by others in our daily lives.

Session seven. During this session the group chose a theme together and then composed a collage which represented each person's perception of that theme. Following the completion of the task the group discussed such questions as: (a) How easy or difficult was it to find pictures that related to the theme? (b) Why did each person choose his particular pictures? (c) What were each person's feelings about the theme? (d) How did the group work together and what part did each person play in the task?

Session eight. This session required that the group members form pairs. Each person in the pair took a turn at being led around a room blind folded by the other person. During this blind walk the person had to try to identify objects to which he had been guided or people to whom his partner had introduced him. This activity was designed to promote trust. Discussion focused on what each person experienced regarding having to place trust in another person. Another focus of discussion was the difference between being the leader and the follower.

Session nine. During the session each person was asked to draw diagrams to depict how he saw himself in

each of three ways: (a) How others see him? (b) How he sees himself? (c) How he would like to be seen. The three drawings were made by each person to contrast outward appearances with personal identity and to help suggest ways of changing. Discussion centered around being misunderstood and being deceived by appearances.

Session ten. During this final session, each group member was asked to create two collages, one depicting how he saw his current situation and the second one depicting his desired future situation. When everyone had completed their collages, each person shared his collage with the group. Discussion focused on methods of changing the present situation, fear of the future and taking on responsibility for one's own life and its direction. The goal of this activity was to increase insight into each person's life situation.

VITA

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