



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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ASSERTIVENESS (ASSERTIVE, ASSERTION) TRAINING

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Definition: A form of *social skills training* to carry out culturally/ context-appropriate assertive behaviors that the client lacks e.g. initiating, continuing and/or stopping social contact; responding to requests, demands and/or annoying behaviors; expressing feelings; exercising own rights while respecting other people's rights.

Elements: Targets the behavioral, cognitive, and emotive components of assertion e.g. what to say, how to say it, tone, body language. Involves *role play*, *modeling*, *feedback* of *videotaped practice*, *homework* of increasingly difficult social tasks, praise of progress (*reinforcement*, *reward*, *contingency management*). Includes:

- *Problem-solving* by helping clients to: define their problem social behaviour and break it down into manageable bits to be learned one by one; find alternative (adaptive) forms of social interaction; *self-observe* to *achieve perspective (distancing)*.
- *Exposure* to feared social situations and *behavioural experiments* to challenge the negative thoughts, self-talk and imagery evoked by those situations.
- *Rehearsal* of new social behaviour in the treatment session and in *homework* in imagination and in real life (involves *exposure* and *behavioural experiments* if behaviour/situations are feared), followed by *reward*.
- *Cognitive restructuring* to change socially maladaptive thoughts to more adaptive ones.

Related procedures: *Social skills training* to remedy social skills deficits (not excesses as in *anger management*) and of *rational emotive therapy* in its education in personal rights.

1st use? Salter A (1949) *Conditioned Reflex Therapy*, Capricorn Books, NY used 'Assertiveness Training' to describe how to increase clients' social skills and reduce social anxiety.

References: Marks IM (1986) *Behavioural Psychotherapy. Maudsley Pocketbook of Clinical Management*. John Wright, Bristol.

Brief case illustration (Marks et al 1986)

Pat had long feared and avoided eating with people, and always been shy and reserved with a limited social life. With her therapist she set medium-term targets of eating a meal with three other friends and also at her boyfriend's home with his family (*goal setting*). She described a detailed imagined scene of having a meal with her boyfriend (*imaginal [fantasy] exposure*) and the therapist *prompted* Pat's flow of talk when she flagged (*guided fantasy/imagery*). She then actually had a meal with her boyfriend (*live [real, in vivo] exposure*); Pat also *role played* asserting herself appropriately. In 'playlets' her therapist pretended to be a shop assistant and Pat acted the part of a customer returning defective goods. This was *videotaped* and played back to her (*feedback*). She was taught what to say as a disgruntled customer (*assertion*), and they played the same parts again and switched roles with Pat as the salesperson (*reverse*

role play). They also acted asking the way in the street from a stranger and refusing to carry out an unreasonable request from a colleague. The therapist first *modelled* what to do and then asked Pat to do the same thing (*rehearsal*). Pat then lunched with an acquaintance (*live [real, in vivo]* exposure). Pat now joined five other socially phobic patients for a day-long group session (*social skills training*). The therapist outlined the program. They played contact party games to encourage mixing, like having one of their number break out of a circle .. etc.. made by the others, and without using hands transfer an orange held under the neck to another patient. These warm-up exercises led into *role play* of increasingly difficult social situations (*exposure*). Toward evening the group split into subgroups to shop for ingredients for a meal to cook together (*social skills training, confidence building*). They chatted to one another and then ate together. After initial unease they enjoyed themselves and planned to meet one another after the group's conclusion. Pat had further sessions with the therapist alone. By six-month follow-up she was dining regularly with her fiance and his family and in selected restaurants with him and occasionally with a larger group of friends.