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TITLE OF THESIS/TITRE DE LA THÈSE

Skills for Effective Living

UNIVERSITY/UNIVERSITÉ

University of Alberta

DEGREE FOR WHICH THESIS WAS PRESENTED/

GRADE POUR LEQUEL CETTE THÈSE FUT PRÉSENTÉE

Ph. D

YEAR THIS DEGREE CONFERRED/ANNÉE D'OBTENTION DE CE GRADE

1977

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SKILLS FOR EFFECTIVE LIVING

by



JAMES J. BEAUBIEN

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF DOCTOR OF PHILOSOPHY

IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1977

THE UNIVERSITY OF ALBERTA
FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "SKILLS FOR EFFECTIVE LIVING" submitted by James J. Beaubien in partial fulfilment of the requirements for the degree of Doctor of Philosophy in Counselling Psychology.

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Oct 21/77

DEDICATION —

Render unto Caesar the things which are Caesar's and
unto God the things which

Kasey, you have taught me that for every experience there
is indeed a reason. As you say, the greatest gift one
can give to another person is a deeper understanding of
life and ~~the~~ ability to love and believe in one's self.
When I was ready, you appeared. Thank you teacher!

ABSTRACT

This study involved the development and evaluation of an intra and inter personal skills training program. The material was designed for use with adults and it incorporated an educational model of counselling service delivery.

The Skills for Effective Living (SEL) program was developed over a three year period. The program evaluation reported in this study is both of a formative (process oriented) and summative (outcome oriented) nature.

The formative evaluation was an exploratory process aimed at determining what types of changes the SEL program facilitated and at identifying what aspects of the materials and procedures required revision. The summative evaluation involved an assessment of the outcome effects facilitated by participation in the SEL program.

The formative aspects of evaluation were based on feedback from participants, reactions from other professionals utilizing the material, feedback from the trainers who ran the SEL programs in the research phase of this study, and personal observation by the author. From this information, problem areas were identified and the necessary changes were made. In general, the formative results indicated that the program was extremely well received.

Summative evaluation was based on an experimental study involving 27 nursing students and their instructors who volunteered for participation in a ten week SEL treatment program. A Posttest Only Control Group Design was utilized and treatments were administered by trainers not involved in the developmental aspects of the program.

It was hypothesized that participation in the SEL program would: 1) have a significant overall treatment effect when the variables of anxiety, self concept, irrationality, and overall adjustment were considered simultaneously; 2) result in a significant decrease in anxiety; 3) result in a significant improvement in self concept; 4) result in a significant decrease in irrationality; and 5) result in a significant improvement in overall level of adjustment.

The first two hypotheses were upheld. The remaining three, however, were all rejected. But, it should be noted that although none of the differences observed on the last three variables attained statistical significance, differences in the hypothesized direction did exist in all cases.

The findings were discussed and a number of recommendations for additional research were presented. These included: 1) verification of the modified program that has resulted from the present study; 2) additional research with larger and more diversified groups; 3) component analysis to determine the active ingredients in the SEL treatment program; 4) research involving longer follow up periods; 5) research that incorporates behaviorally based criterion measurement; 6) research that will establish selection criteria for participation in the SEL program; 7) development of a program to train leaders how to use the SEL materials; 8) preparation of a kit of materials that would incorporate all of the lessons and aids necessary to present the SEL program; and 9) modification of the program to make it suitable for use with school children.

ACKNOWLEDGEMENTS

I would like to sincerely thank all of the members of my committee for the guidance and the freedom they have afforded me over the course of this study.

A special thanks is due to my chairman, Dr. Zingle who was always available when I required assistance. The friendly encouragement and belief in my ability, and the warmth with which these were conveyed were greatly appreciated.

A special thank you is also due to Dr. George Fitzsimmons who in addition to being a committee member, was also a friend throughout this whole process. George, thank you for listening, reading and suggesting.

Finally, I want to thank my children Danial, Roxanne and Matthew for the encouragement, tolerance and love they have shown.

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CHAPTER ONE

INTRODUCTION AND PROBLEM

The Educational Model

Psychologists have recently been urged to replace the traditional models of service delivery with an educationally oriented approach (Guerney, Stollack, & Guerney, 1970). Ellis and Harper (1975) suggest ultimately replacing the word psychotherapy with terms such as emotional education or tolerance training. Frisco (1974) indicates that the need to teach mental health skills is long overdue since currently people are taught most everything except how to live with themselves and with each other.

Implicit in the evolving educational approach is the belief psycho-educational programs should be readily available to all who require them. This is in contrast to traditional treatment strategies that are primarily limited to individuals warranting treatment because of their identification as patients (Guerney, et al. 1970).

It has been recommended skills training programs be made available in educationally oriented settings, such as University Extension facilities or Community Colleges, so the didactic nature of procedures can be emphasized without the negative effects associated with people adopting patient roles (Bryant, Trower, Yardley, Urbietta, & Lentemendia, 1976). Programs are needed for all age groups from the cradle to the grave (Ellis & Harper, 1975).

Programs based on the educational model are steadily increasing in number and diversity. Affective education programs for children such as DUSO (Dinkmeyer, 1970), TAC (Amundson, 1975), Parent

Effectiveness Training (Gordon, 1970), the so called "new sex therapies" (Kaplan, 1975), social skills training (Argyle, 1969; Lewinsohn & Weinstein, 1970; McLean, 1975), assertion training (Lange & Jakubowski, 1976) and obesity control programs (Stuart, 1972), all incorporate the educationally oriented shift away from traditional therapies.

This shift will necessitate a re-examination of the role of the psychologist. Christensen (1976) notes a trend away from traditional emphasis on the relational and process aspects of the counselling endeavor in favor of emphasis on content variables. This change stresses the counsellor's teaching function in helping individuals to re-examine values, learn interpersonal skills, and develop understanding.

Similarly, Thorsen & Mahoney (1974) suggest that a major responsibility of the counsellor should involve the preparation of a variety of courses, seminars and workshops designed to teach individuals the skills involved in behavioral self management. Such courses should be widely available.

For many, the emerging shift in emphasis will be difficult to accept as it requires a basic restructuring of traditional beliefs about the etiology of psychological problems and the nature of therapy. Lazarus & Fay (1975) exemplify the development that must occur. They state:

We view therapy as education. It took us a long time to discover how simple it can be to change a lifetime pattern of suffering and anguish. We had to unlearn many of the attitudes and theories we had learned in our training and in our therapy. For example, we had to realize that people with problems

are not defective, that emotional hangups, even severe ones, are not illnesses, that we are not the victims of deepseated unconscious forces, and that therapists are not superior to the people who consult them. When one has been thoroughly trained to regard bad habits as diseases, to search for hidden meanings, to read great significance into passing utterances, to diagnose and label people and their problems, it is difficult to realize one of the most profound truths of all -- psychological change calls for problem solving in the here and now rather than preoccupation with the here-after or heretofore. (p. 19)

Even if the paradigm shift is actively accepted, a number of problems will need resolution. Essentially, these revolve around two general dimensions. On the one hand, relevant skills must be identified, and, on the other hand, effective teaching strategies need to be developed (Christensen, 1976). Exploration is imperative in both of these areas if we are to avoid a vague and poorly evaluated "shotgun" approach.

Although a number of cognitive and/or behavioral skill training packages are available, especially in the currently faddish assertion training area, they tend to be inadequate for one or more of the following reasons:

Firstly, most approaches are based on a narrow conceptualization of "relevant skills". Parochialism tends to prevail and skills are defined on the basis of simplistic conceptualization of the etiological factors involved in human functioning. For example, approaches such as assertion training (Alberti & Emmons, 1974), rational emotive therapy (Ellis & Harper, 1975), and psychocybernetics (Maltz, 1960) have all acquired the status of psychological patent medicines implicitly promising curative powers revealed only by those

of Dr. Bull's snake oil.

Since personal adjustment problems are seldom circumscribed, attempts to define relevant skills from narrow perspectives, such as the above, are clearly of limited value. As Mahoney (1974) indicates, to the extent a program addresses itself to only a portion of the relevant causes, its success is jeopardized.

Secondly, the majority of available programs ignore principles of curriculum development and instructional design. Program assumptions are seldom delineated, the basis for skill selection is not presented, and little attention is paid to the appropriate sequencing of content. Rarely are specific educational objectives described, relevant teaching strategies outlined or questions of evaluation dealt with. The need for a sound pedagogic model is evident.

The final inadequacy pertains to the lack of experimental validation available for most programs. In fact, many of the programs lack any research evidence to support their validity (e.g. Lazarus & Fay, 1975; Phelps & Austin, 1975; Maltz, 1960). The principle of caveat emptor should be borne in mind by both counsellor and client.

This is not to imply that packages should not be developed until all of the components have been experimentally validated. Although ill defined approaches should be avoided, broad based, heterogeneous packages offer an invaluable clinical strategy (Mahoney, 1974). In unprecedented applications Mahoney (1974) suggests the following pragmatic rule of thumb: First show an effect, then isolate the cause (p. 198).

The preceding discussion clearly suggests the need for additional

In order to overcome the above inadequacies, the package should teach the skills and attitudes that have been identified by a variety of therapeutic approaches. It should incorporate curriculum development principles and sound pedagogic procedures. As well, programs should be developed in such a way that efficacy can be validated by research, not impression.

The Present Study

The present study was undertaken as the initial phase of research required to ultimately meet the above requirements. It is initial in that a great deal of additional work is required before a broadly based curriculum will be realized. The study was both formative and evaluative in nature, with emphasis being placed on the formative stages.

Basically, the study revolved around the problems suggested by Christensen (1976) i.e. identification of relevant skills, and identification of relevant teaching strategies. Once these were identified, the program presented in this study was designed. Entitled Skills for Effective Living (SEL), it is designed for presentation in ten 2½ hour sessions.

Skill content was based on a review of relevant, but diverse literature including: assertion training, social skills training, anxiety management, problem solving, and self-control strategies. Additional skills were identified from many hours of clinical contact in the course of developing the program.

A four component educational model, also based on a review of the literature and clinical contact, was developed. The final components are: 1) instruction, 2) demonstration, 3) practice, and

4) homework.

During the developmental process, the program was extensively tested in a variety of settings including: University Extension classes, hospital in-patient treatment facilities, and professional development workshops. In these settings, feedback was obtained from a variety of lay and professional people.

Through this process, extensive modifications were made in the content, sequence and instructional design. In all, the developmental phase involved the author in over 1000 hours of teaching contact with in excess of 500 people. Finally, the program was validated using other trainers in a small experimental study.

Importance of the study

This study is of theoretical, applied, and personal value. At the theoretical level, it integrates a variety of skills related to effective functioning into a teachable format. The model specifies expected learner outcomes, teaching procedures and homework assignments.

The greatest value of the study pertains to its relevancy at the applied level. It meets the identified need for such training packages (Gormally, 1975; Ellis & Harper, 1975; Mahoney, 1974; Bryant et al, 1976). Preliminary results indicate the program will be applicable in a wide variety of settings by individuals who are not highly trained in psychology, providing that they are properly oriented to the materials.

Personally, the study has been very meaningful in that it has allowed the author to pursue two areas of great interest, namely human effectiveness training and educational approaches to therapy.

The remainder of this study unfolds in the following manner: chapter two presents the background to the study and reviews pertinent literature; chapter three outlines the program development procedure as well as the experimental design utilized; the results of the research investigation are presented in chapter four; chapter five contains a discussion of the significance of the findings and outlines suggestions for further research.

CHAPTER TWO

RELEVANT LITERATURE REVIEW

This chapter begins with a review of the skills training literature, pertaining to both intra and interpersonal functioning. The curriculum development and instructional design process are then examined. It concludes with the presentation of the rationale underlying the development of the SEL program.

Skills Training

Recent developments in the field of counselling have placed a great deal of emphasis on the relevance of skill training as a therapeutic approach (Argyle, 1969; Bandura, 1969, Bryant et al, 1976; Hersen & Eisler, 1975; Mahoney & Thorsen, 1974; Mahoney, 1977; Thorsen & Mahoney, 1974).

Skill may be defined as the application of knowledge (Hersen & Eisler, 1975). The important distinction that must be drawn between knowing about and knowing how is implicit in this definition (Rockham, Honey & Colbert, 1971). The traditional therapeutic tendency to work towards fostering understanding and insight is currently being questioned. Behavior change is increasingly being conceptualized as being dependent on practice (Lange & Jakubowski, 1976; Cotler & Guerra, 1976).

In reviewing the literature pertaining to skills training, two broad categories emerge. On the one hand, skills which involve intra-personal processes such as problem solving (D'Zurilla & Goldfried, 1971) or self control strategies (Mahoney & Thorsen, 1974; Thorsen & Mahoney, 1974) are being emphasized by some researchers; others are

stressing interpersonal or interactive skills such as social skills training (Bryant et al, 1976; Weinstein & Alper, 1970), and assertion training (Alberti & Emmons, 1974; Phelps & Austin, 1975).

This dichotomization is part of the general trend towards viewing behavior as being determined by both internal and external forces (Mahoney, 1977). Obviously, however, the two foci do not exist in isolation. The theory of interactive determinism (Mahoney, 1977) suggests deficits in interpersonal skills greatly affect intrapersonal processes just as deficits in intrapersonal skills affect interactive patterns. Bandura (1973) cautions that no psychological intervention can ever protect the individual from the consequences of his behavior.

Intrapersonal skills training

Within this study, intrapersonal skills are conceptualized as being those skills which focus on the internal processes of thought, feeling and behavior that go on within the individual. Consequently, intrapersonal skills training pertains to those procedures designed to help the individual develop the ability to control and direct these internal processes.

Skills to be reviewed include problem solving, self control procedures, self instructional strategies, cognitive restructuring techniques and anxiety management skills.

Problem Solving

Problem solving has been defined as a behavioral process, whether overt or cognitive in nature which, a) makes available a wide variety of potentially effective response alternatives for dealing with the problematic situation, and b) increases the probability of

selecting the most effective response from among the various alternatives (D'Zurilla & Goldfried, 1971, p. 108). Fostering problem solving skills has always been a part of therapeutics and, in fact, has been identified as one of the main goals of the entire guidance and counselling movement (Rothney, 1958; Gelatt, 1962).

The general goal in teaching problem solving skills is not to provide the individual with specific solutions, but to impart a general coping strategy so that the competence necessary for effectively dealing with a wide variety of problematic situations can be developed. Ideally, training in problem solving strategies will develop the skills necessary to manage or cope with virtually all problems encountered in daily living (Craighead, et al, 1976).

D'Zurilla and Goldfried (1971) suggest that all problem solving strategies can be divided into five stages. They are: 1) development of a 'mental set' or orientation conducive to problem solving; 2) formulation and definition of the problem; 3) generation of alternatives; 4) selection of the most appropriate alternative through decision making strategies and; 5) implementation and verification of the selected solution.

Phase one involves instillation of the attitude that problems are a normal aspect of daily living encountered by everyone at some point in time. Implicit in this mental set is the belief that action can lead to the solution of problems, providing, of course, people possess the requisite skills and are willing to deal with problematic situations as they occur. A very important aspect taught in this phase pertains to the emphasis placed on inhibiting tendencies towards impulsive or ill planned courses of action.

The second phase of the process involves problem definition. Basically, this involves detailing the nature of the problem and the circumstances under which it occurs. It should be recognized that most clients will have a great deal of difficulty with this step and a number of blocks to problem formulation have been identified (Krumboltz & Thorsen, 1976).

Krumboltz & Thorsen (1976) suggest the following presenting signs are indicators of a need for problem solving. The individual is: 1) having difficulty because of someone else's behavior; 2) experiencing vague negative feelings; 3) unable to identify any goals; 4) engaging in behavior which others find undesirable; or 5) unable to make a choice between two conflicting alternatives. If any of these symptoms are present, problem solving is appropriate.

The third phase of problem solving pertains to the generation of alternatives. The most frequently used technique in this process is some form of brainstorming (Osborn, 1963; Parnes, 1967), a technique which involves two principles, namely, the deferment of evaluation and an emphasis on quantity rather than quality of alternatives. D'Zurilla and Goldfried (1971) state numerous studies have conclusively demonstrated brainstorming will increase the likelihood of arriving at good quality problem solutions.

The fourth phase of problem solving involves the decision making process by which alternatives are evaluated and a solution selected. This is usually based on some form of utility theory (Becker & McClintosh, 1967; Churchman, 1961). It involves a functional evaluation in terms of the likelihood of a given solution resolving the issues delineated in the problem formulation stage.

Consequences of a given course of action are usually considered. Personal values are central to this decision making process (Carkhuff, 1973).

The final phase of problem solving involves verification of the extent to which the alternative selected serves as a solution to the problem. It has been suggested that the TOTE System (Miller, Galanter, & Pribram, 1960) is a theoretical model that represents the evaluation process in which the individual continues with the problem solving process until outcomes match up to given standards (Goldfried & Goldfried, 1975).

In a review of the literature, Mahoney (1974) indicates that problem solving research has followed three directions, namely, animal problem solving, human laboratory problem solving, and industrial applications of problem solving. Of particular relevance is the research in industrial applications which has lead to three major techniques for alternative generation, brainstorming (Osborn, 1963), Synetics (Gordon, 1961) and Bionics (Papanek, 1969).

Clinically, problem solving techniques have been successfully used with behaviorally disordered children (Spivack & Shure, 1974), heroine addicts (Copeman, 1973), with pre-delinquent families (Kifer, Lewis, Green & Phillips, 1973), and to train adolescents in leadership skills (Almedina & Rubin, 1974).

Self Control Skills

Self control skills training has recently emerged as a powerful methodology for fostering improved human functioning (Mahoney & Thorsen, 1974; Thorsen & Mahoney, 1974). Mahoney (1974) suggests the most humane therapeutic efforts are those designed to provide

clients with effective, broad based coping skills. Therapy is viewed as an apprenticeship designed to train individuals to become their own personal scientists, that is, they become skilled in the functional analysis and systematic improvement of their own behavior. The need for self control training has been described as one of today's most pressing educational problems (Mahoney & Thorsen, 1974; Russel & Thorsen, 1976).

The cardinal feature of self control training is the emphasis it places on teaching the client to become the agent of his or her own behavior change (Thorsen & Mahoney, 1974). Kanfer (1976) suggests the common element in all self control training procedures is the fact ~~the therapist serves in the role of instigator and motivator to help~~ the client initiate his or her own change program. Thus, the responsibility for carrying out the program and for maintaining its effectiveness ultimately lies with the client.

Definitionally, it has been suggested an individual displays self control when, in the relative absence of immediate external constraints, he or she engages in behavior whose previous probability has been less than that of alternatively available behaviors (Thorsen & Mahoney, 1974, p. 12).

The features of this definition implicitly specify the following: 1) In order for self control to occur, two or more alternative responses must be available; 2) The consequences of these two alternative behaviors must be conflicting; and 3) The self regulating pattern is usually promoted or maintained by external factors such as long term consequences. It should be noted, however, that since many self control efforts will involve delayed conse-

quences, cognitive mediational processes play a central role in controlling these behaviors (Thorsen & Mahoney, 1974).

In general, self control strategies fall into two broad categories (Mahoney & Thorsen, 1974; Thorsen & Mahoney, 1974). These are environmental planning, in which changes in relevant situational factors are implemented prior to the execution of the target behavior and behavioral programming which involves the administration of self-presented consequences subsequent to the occurrence of the target behavior.

The general procedures involved in environmental planning include: 1) situational control in which stimuli are altered or consequences are pre-arranged through some form of contingency contracting; 2) self regulated stimulus exposure in which the individual gradually exposes himself to increasing amounts of a given problematic situation; and 3) self instructional strategies in which the individual learns to use his own verbalizations to guide him through situations.

The behavioral programming aspect of self control strategies involves the following: 1) self monitoring skills which utilize techniques such as charts, records and wrist counters to accurately obtain information about the frequency of targeted behaviors; 2) self administered rewards where the individual learns to both overtly and covertly present him or herself with positive and negative reinforcements; and 3) self administered punishments where the individual learns to self present punishments as in step two above.

Kanfer (1976) suggests if the training in self control strategies is successful, the individual will be able to engage in self

monitoring, establish specific rules of conduct through self contracting, seek support from his environment for fulfillment, engage in accurate self evaluation and generate strong reinforcing consequences for goal achievement.

Self Instruction and Cognitive Restructuring Skills

The combination of problem solving strategies and self control techniques resembles the self-instructional techniques developed by Michenbaum (1975). He sees self instruction as beginning with a problem solving approach that leads to a definition of the problem and the selection of treatment plans based on the modification of the client's self statements and the development of new, more adequate behaviors. It has been described as one of the most promising clinical innovations in contemporary clinical practice (Mahoney, 1974).

Self instructional techniques are relatively well validated, considering their newness. In analogue studies, they have been used to successfully treat snake phobia (Michenbaum, 1971) and test anxiety (Michenbaum, 1972). They also have been used to improve the performance of schizophrenics on perceptual and cognitive tasks (Michenbaum & Cameron, 1973), to decrease pre and post surgical distress (Langer, James & Wolfer, 1973), to treat hyperactive children (Michenbaum & Goodman, 1971), and to improve creativity (Michenbaum, 1973).

An interesting and innovative application of the self instructional technique involves the stress inoculation program developed to teach phobic people to handle problematic situations (Michenbaum & Cameron, 1973). It involves teaching individuals to conceptualize these situations as involving four phases and to generate

self instructions appropriate for guiding themselves through each. The phases are: 1) preparing for a stressor; 2) confronting and handling the stressor; 3) coping with feelings of being overwhelmed; and 4) reinforcing self statements after the episode. The technique has proven effective (Michenbaum & Cameron, 1973).

The role of self generated statements is extremely important in teaching individuals to change their own behavior, for as Farber says:

The one thing psychologists can count on is that their subjects or clients will talk, if only to themselves; and not infrequently, whether relevant or irrelevant, the things people say to themselves determine the rest of the things they do. (1963, p. 196)

Michenbaum, of course, is not only the researcher who has been concerned with self statements. The cognitive restructuring model (Ellis, 1962) is based on the assumption that emotional arousal and maladaptive behavior are mediated by one's internal statements about the situation.

Recently, a number of clinicians have attempted to systematize Ellis's theoretical orientation into a behavioral framework (Goldfried, Decentecio & Weinberg, 1974; Lazarus, 1971; Rimm & Masters, 1974). This procedure is most amenable to a group format (Kanfer & Goldstein, 1975) and the instruction usually involves the following steps: 1) presentation of a rationale in which the relationship between beliefs and their effects on behavior are explained; 2) overview of the major irrational beliefs; 3) analysis of the client's problems in rational emotive terms; and 4) teaching the client to modify internal sentences.

Ellis's approach to cognitive restructuring has focussed on the content of the irrational thoughts. Beck (1970), on the other hand, has focussed on types of dysfunctional thought processes. He has identified the following: 1) arbitrary inference which involves drawing conclusions when evidences is either lacking or contradicting; 2) overgeneralization which involves drawing a general rule from a single instance; 3) magnification which involves exaggerating the meaning of an event; and 4) cognitive deficiency which involves failing to attend to, or to integrate or utilize relevant experiential information. In addition, Lazarus (1971) has identified dichotomous reasoning which involves accepting only two possible evaluations i.e. good bad, and oversocialization which involves a failure to recognize and challenge the arbitrariness of many cultural mores.

Anxiety Management

Anxiety management training (AMT) (Suinn & Richardson, 1971) is another promising self control procedure. It is based on progressive relaxation training (Jacobson, 1938) which the individual learns to utilize whenever anxiety becomes problematic. Originally, the technique was theoretically seen as a conditioned relaxation reflex, but recently conscious cognitive control is seen as playing a much more central role in the procedure (Suinn, 1976).

Anxiety monitoring of subjective units of disturbance (SUDS) is a technique frequently advocated in the literature on skills training (Cotler & Guerra, 1976; Lange & Jakubowski, 1976). This technique has recently been shown to be a significant factor in anxiety control (Hiebert, 1976).

In summary, a review of the literature related to intrapersonal

skills suggests that problem solving and self control procedures have the potential for teaching people the techniques they require to identify problems and implement solutions in their own lives in a manner consistent with the personal scientist model suggested by Mahoney (1974).

Interpersonal skills training

Interpersonal, or interactive skills training is an important approach to the treatment of problems for most human difficulties ultimately involve interpersonal factors.

The relationship between various disorders and impairment of interpersonal skills has been alluded to in most contemporary theories of psychopathology (Hersen & Eisler, 1975). Many researchers have identified specific skill deficits among patient groups (Argyle, 1969; Levine & Ziegler, 1973; Paykel, 1975; Ziegler & Phillips, 1961).

Interpersonal skills training has been defined as any form of instruction designed to increase the effectiveness of the individual's interactions with others (Rickham, Honey & Colbert, 1971). It has tended to follow two general developmental directions, namely social skills training and assertion training. This review will deal with each of these two areas.

Social Skills Training

Although the research efforts of Salter (1949) and Wolpe (1958) in the area of assertion training were a forerunner of the general social skills training movement, the pioneering efforts should be credited to Argyle and his colleagues in Britain. They first founded a program of investigation into social skills, social interaction and nonverbal communications at the University of Oxford in 1966.

began to apply the results with clinical populations in 1966. The majority of their research findings are presented in Argyle's writings (1967, 1969, 1971).

Social skills training approaches involve a number of departures from traditional approaches to therapy. Firstly, it is assumed that a body of identifiable and teachable skills account for the major differences among clients' ability to relate effectively with other people. Secondly, the therapeutic procedures are not aimed at accomplishing major changes in the client's personality. Finally, psychodynamic explorations of the past are avoided as are the concomitant emphasis on insight and confrontation techniques (Bryant et al. 1976).

Although many of the techniques employed in social skills training emerged from the crèche of behavior therapy, there are a number of important differences between the two approaches. As compared to behavior therapy, social skills training: 1) places far greater emphasis on the utilization of didactic procedures to teach clients specific skills; 2) relies far more heavily on overt feedback from the trainee from the group and from electronic sources; and, 3) is concerned with far more generalized and diffuse problems such as being shy, or not being able to talk to people.

A final important contrast relates to the difference between social skills training and both traditional and behavior therapies. While both of the latter focus on the elimination of maladaptive behavior, social skills training emphasizes the positive, educational aspects of treatment (Goldsmith & McFall, 1975).

Recently, attempts have been directed towards arriving at an

empirical definition of social inadequacy (Bryant, Trower, Yardley, Urbieta & Letemendia, 1976). It is suggested that socially inadequate individuals tend to have a long history of poor adjustment characterized by failure to use the verbal, non-verbal and vocal signals necessary for normal social interaction. On the one hand, the socially inadequate are abnormally inexpressive with marked tendencies towards being passive, cold, unhappy, and disinterested in others. Or, they are overly expressive people who tend to be too controlling, who speak too much for too long, and who tend to talk too much about themselves while using other people as an audience, rather than as individuals in their own right (Bryant, et al, 1976).

Etiological factors involved in the development of social inadequacy have been traced to two different sets of conditions (Argyle, Trower & Bryant, 1974). Primary inadequacy results from faulty socialization processes involving a lack of the types of social experiences necessary for adequate skill development. Secondary inadequacy develops as the result of a serious biochemical or cognitive disorder. The authors state that in primary inadequacy, social skills training is likely to be the only treatment needed while it is unlikely to prove successful in the treatment of inadequacy that is secondary to other conditions.

Goldsmith and McFall (1975) stress that the content of the social skills training program is as critical to its ultimate success as the training method employed. If the skills taught are not appropriate or if the method used fails to teach the skills effectively, the program will fail.

Social skills training is based on a belief that learning the

skills necessary to interact effectively with others is like learning any other skill, such as swimming or skating. Here, however, the object is to learn new adaptive skills to replace maladaptive ones (Argyle, et al, 1974). The basic strategies employed usually involve didactic presentation, role playing, use of feedback, modeling and home work assignments. Gradualness is emphasized and skill hierarchies are often constructed.

Content taught usually involves topics such as initiating and terminating conversations, showing interest in others, talking to members of the opposite sex, non-verbal communication, voice, and assertion (Argyle, 1969; Argyle et al, 1974).

Lewinsohn and his colleagues have examined the relationship between social adequacy and depression and have found the lack of social skills to be a major antecedent condition for development of the illness (Lewinsohn, Weinstein & Alper, 1970; Libet & Lewinsohn, 1973). The lack of social skills is seen as resulting in a low rate of social reinforcement for the individual. This occurs because socially inadequate individuals frequently emit a relatively low rate of behaviors that can be reinforced while emitting a relatively high frequency of behaviors that others find aversive.

In comparing the behaviors of depressed people with those who were not depressed in a group setting, it was found that they tend to: 1) emit fewer initiatory behaviors; 2) focus their attention on primarily one other person in the setting rather than distributing it among a number of individuals; 3) have a longer response latency; and 4) make fewer statements than non depressed people (Libet & Lewinsohn, 1973). Social skills training has been demonstrated to

be an efficacious approach to treating these correlates of depression (McLean, Ogston & Graver, 1973).

Social skills training has also been used in treating minimal dating behavior, especially among males. The studies have tended to follow two patterns. In the response practice model, it is assumed that the individual has the necessary skills in his repertoire, but fails to date because he lacks practice in using them. In the response acquisition model, based on the work of Bandura (1969), it is assumed that the individual is non dating because skill deficiencies have lead to aversive consequences that produce reactive anxiety (Kanfer & Phillips, 1970) and subsequent avoidance of dating (Curran & Gilbert, 1975).

In the response practice model, Martinson & Zerface (1970) found that social skills training was more effective than individual counselling in improving dating while Christensen & Arkowitz (1974) found that the addition of feedback from the female practice partners significantly increased dating and decreased heterosexual anxiety.

The skill acquisition studies incorporate techniques such as modeling, role playing and information to teach a variety of social skills such as giving compliments, handling silences in conversations and dealing with problems of intimacy. These have consistently been found to be highly effective treatment strategies (Curran, 1975; Curran & Gilbert, 1975; Curran, Gilbert & Little, 1975; MacDonald, Lindquist, Kramer, McGrath & Ryne, 1975; Twentyman & McFall, 1975).

The interpersonal coping skills program (Christensen, Bloch, Briedis, Elsie, Heath, & Shannon, 1974) utilizes a didactic approach to teaching the skills the authors consider essential for satisfactory

and effective interpersonal functioning. The approach is based on skills identified from the literature and it is organized into nine lessons. The content revolves around teaching participants the following: 1) to identify and contend with social stimuli that interferes with interpersonal functioning; 2) to understand the differences among observation, inference and evaluation and to make them aware of the role these three processes play in functioning; 3) to use language in a concrete and specific manner when describing their own actions and thoughts; 4) to identify and cope with aversive social stimuli; 5) to utilize the strategies of cognitive reappraisal and desensitization for dealing with problematic situations; 6) to develop a better understanding of emotions; and 7) to develop ways of coping with internal stimuli and response tendencies. Preliminary pilot testing of the program (Christensen et al, 1974) was generally favorable.

Assertive training

In North America, the emphasis in social skills training has been on assertion and it is currently recognized as one of the most promising applications (Bandura, 1969; Gay, Hollandsworth & Galassi, 1975; Ulner & Krasner, 1965). Assertion training is a non unitary concept that describes a non standardized set of procedures designed to increase the client's skill and confidence in communicating honestly, directly, appropriately, and spontaneously with others (Gormally, Hill & Rainey, 1975).

Assertiveness has been variously defined as the outward expression of feelings other than aggression (Wolpe, 1958), the ability to stand up for one's rights without infringing on the rights

of others (Alberti & Emmons, 1974), the ability to say no without feeling guilty (Smith, 1975), and the honest, open, direct and appropriate expression of feelings, beliefs and opinions (Jakubowski-Spector, 1973; Lange & Jakubowski, 1976).

Assertiveness training has been used to successfully treat delusional behavior in paranoid schizophrenia (Nydegger, 1972), sexual disorders (Edwards, 1972; Lazarus, 1971; Stevenson & Wolpe, 1960), marital discord (Fensterheim, 1971; Eisler & Miller, 1974; Eisler, 1974), nonassertive college students (Galassi, 1975; Rathus, 1972; Rathus, 1973) and depressed mothers (Shoemaker & Paulson, 1974).

Salter and Wolpe are generally recognized as the 'fathers' of assertion training (Alberti & Emmons, 1974). Salter (1949) emphasized excitatory behaviors, a process in which the client was instructed to become actively confronting of anxiety producing social situations, as a therapeutic strategy for overcoming social inhibition. Wolpe (1958) described assertion as one of the eight categories of behavior that are incompatible with anxiety. He hypothesized that assertion in interpersonal situations would lead to the inhibition of anxiety and that the favorable responses would act as operant reinforcers of the new behaviors similar to the response acquisition model postulated by Bandura (1969).

Early applications of assertion training emphasized the expression of appropriate negative affect such as anger and irritation. Recently, however, there has been increasing emphasis placed on the ability to express positive feelings such as praise and affection (Lazarus, 1971).

As well, early work emphasized that non assertion was caused

by anxiety (Wolpe, 1958) which acted as a response inhibitor. Now, however, it is generally recognized many individuals are non assertive, not because of anxiety, but because of a failure to learn the requisite skills in their socialization process (Lange & Jakubowski, 1976).

In the literature, a distinction is commonly drawn among assertive, non-assertive and aggressive behavior styles consistent with the framework developed by Alberti & Emmons (1970). This comparison is usually presented as a way of helping individuals discriminate among the three behavior styles.

Component Skills of Assertiveness

An examination of the literature reveals, as Frazier & Carver (1975) suggest, that a severe definitional problem exists because of the heterogeneity of behaviors described by various authors under the rubric of assertiveness.

Rathus (1972, 1973) defined assertive behavior in terms of the following nine broad skill areas: 1) assertive talk which includes the ability to make both hostile and commendatory statements; 2) the ability to express feelings spontaneously; 3) the ability to greet others; 4) the ability to disagree with others; 5) the ability to ask why; 6) the ability to talk about oneself; 7) the ability to reward others for compliments; 8) the ability to refuse to justify opinions; and 9) the ability to maintain eye contact.

Lazarus (1973) defines assertiveness in terms of the ability to say no, the ability to ask for favors and make requests, the ability to express positive and negative feelings and the ability to continue and terminate a conversation.

For Alberti & Emmon (1974), assertiveness consists of 1) the ability to maintain eye contact; 2) the ability to assume and maintain an appropriate body posture; 3) the ability to use appropriate gestures; 4) the ability to demonstrate appropriate facial expressions; 5) the ability to use appropriate voice tone, inflection and volume; 6) the ability to express oneself at the appropriate time; and 7) the ability to choose speech content that is assertive.

Smith (1975) defines assertive behavior in terms of the following verbal skills: 1) broken record which is the ability to persistently repeat your request until it is either granted or a compromise is achieved; 2) fogging which is basically a technique for dealing with manipulative criticism by agreeing with the parts of it that are valid; 3) free information which is the ability to recognize simple cues given by others in social conversations so that one can be more adept at social interaction; 4) negative assertion which is the ability to accept the things that are negative about oneself; 5) negative inquiry which is the ability to handle criticism by actively prompting the critic to elaborate on his criticism; 6) self disclosure which is the ability to discuss both the positive and negative aspects of one's personality; and 7) workable compromise which is the ability to resolve conflicts by finding compromised solutions. Smith's work tends to place too much emphasis on winning.

Although the preceeding discussion has placed a heavy emphasis on the interpersonal skill component, it should be recognized that most of the recent writings (e.g. Cotler, Guerra, 1976; Lange & Jakubowski, 1976) implicitly place an equally heavy emphasis on developing interpersonal sensitivity so that skills may be utilized

appropriately in a tactful and diplomatic manner. This is consistent with the pioneer work of Wallen in the interpersonal communications training area.

Teaching Assertion Skills:

The first assertion training program has been attributed to Chittendon (1942) who used a role-playing format in which dolls were utilized to encourage pre-school children to develop assertive behavior and abandon aggressive patterns (Alberti & Emmons, 1974).

The major components in assertiveness training usually include combinations of instruction, modelling and behavior rehearsal. A considerable amount of research has been conducted to determine the efficacy of the above.

In the first such study Lazarus (1966) compared the efficacy of behavioral rehearsal, direct advice and non-directive therapy in helping clients to deal with interpersonal anxieties. Although he found behavior rehearsal to be the most efficacious, his results are questionable since he administered all treatments and evaluated all outcomes himself.

McFall & Marston (1970) compared behavioral rehearsal with a placebo and a no-treatment control group and found that it was significantly more effective in increasing assertiveness as indicated by behavioral, self report, psychophysiological and in vivo measures.

Eisler, Hersen & Miller (1974) evaluated the effectiveness of behavior rehearsal with instructions and immediate feedback about the performance during behavioral rehearsal and found that skill acquisition was relatively rapid with this procedure.

The efficacy of modelling has also been the focus of a considerable amount of research. Friedman (1971), in an analogue study, found that modelling, in combination with behavioral rehearsal, was more effective than either role playing or reading assertive scripts in producing changes on behavioral measures of assertion.

Eisler, Hersen & Miller (1973) found that modeling was more effective than control conditions in developing both verbal and non-verbal dimensions of assertiveness.

Hersen, Eisler & Miller (1973) found that modeling plus instruction was more effective than either of the two alone. They did however, note a differential effect which suggests that specific ways should be developed for teaching each skill. They also concluded that practice without additional techniques such as instruction or modeling will not lead to behavior change.

In addition to the efficacy of instruction, modeling and behavioral rehearsal, Lazarus (1975) has suggested that homework assignments should be an integral part of any educationally oriented intervention program. Although no research has appeared in the literature about this practice, clinical experience suggests that it is an extremely powerful technique.

In summary the research results pertaining to the whole social skills training area are promising. Although the laboratory research has raised questions about the transfer and generalizability of results (Hersen & Miller, 1976; Hersen, Eisler & Miller, 1974; Kazdin, 1974; McFall & Lillesand, 1971; McFall & Martson, 1970; McFall & Twentyman, 1973), reports in the clinical literature are much more optimistic (Eisler, 1974; Fensterheim, 1972; Hersen, Eisler & Miller, 1974;

Lazarus, 1971; Liberman & Raskin, 1971).

The more successful clinical results seem to be at least partially due to the efforts the therapist directs towards programming the client's environment to support the behavior changes as they occur. In fact Wolpe (1969) has stated that a behavior should never be taught that is likely to lead to aversive consequences. Although this sounds good, in practice it is virtually impossible to accomplish because the client's social system will tend to react negatively to any perceived change and will sanction the behavior to return homeostatic conditions.

Curriculum Development and Instructional Design

Questions of curriculum and instructional design are central to any study involving program development. It is important to recognize the difference between questions that pertain to curriculum and those that pertain to instruction.

Program development is essentially concerned with both types of questions. On the one hand the curriculum objectives pertaining to what will be taught must be ascertained and the instructional procedures must be selected. Thus, the distinction between curriculum and instruction is essentially a distinction between ends and means (Popham & Baker, 1970).

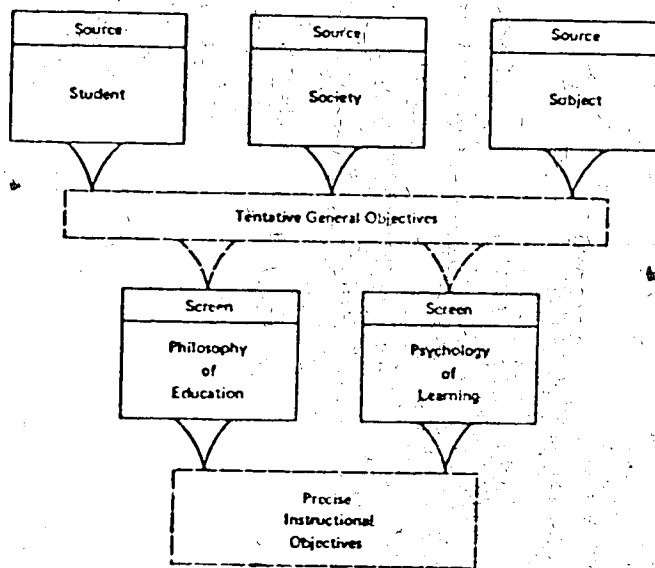
The distinction between the two above is critical because different approaches should be used in making curricular and instructional decisions. Instructional decisions can usually be validated on the basis of empirical research while the selection of educational goals is always a value choice (Popham & Baker, 1970).

The curricular decisions pertaining to the selection of

objectives for the SEL program were based on the model postulated by Tyler (1950). Although many other models have been developed, the so called "Tyler rationale" is the most widely accepted (Popham & Baker, 1970). Schematically, the rationale can be depicted as shown in Figure 1.

Figure 1

The Tyler Rationale



Let's examine each component of the model more closely. It is suggested that three potential sources of objectives be considered for inclusion in a program. First, the needs and interests of the people for whom the course is being designed are to be considered. In this process the current status of the potential students is compared with some ideal norm or standard. The differences between current status and ideal standards are an indication of the current needs objectives should be set to remediate.

A second source of objectives is based on an examination of the

contemporary society to determine the types of competencies and skills required for successfully coping with these demands. With this knowledge, objectives can be developed which will allow the individual's who take the program to develop the required skills.

The final source of objectives suggested by Tyler is based on the subject matter itself. This will have a great deal to do with the state of knowledge within the discipline as well as the recommendations of experts in the field. The professional research and theoretical literature provides a rich source of such objectives.

According to the Tyler scheme, a number of objectives will be available once the three above sources have been considered. The program developer should next screen the objectives on the basis of his philosophy of education and the psychology of learning. The philosophical screen allows the program developer to sort out those objectives he feels are important for students to learn on the basis of his own value system while the psychological screen allows him to sort out the objectives that are teachable within the available time period.

Becker, Engelman & Thomas (1975) define instruction as a set of procedures for producing a change in behavior (learning) toward a prestated objective. They specify that although it can take many forms, it must meet the following essential requirements. It must provide procedures for: 1) motivating the students and securing attention to the task being taught; 2) presenting the tasks to be learned, presenting stimuli, and showing the response requirements of the task; that is, a vehicle of instruction must be presented; 3) securing responses from the students to see if the tasks have been

learned; 4) reinforcing correct responses and correcting mistakes; and 5) longer term evaluation of mastery, usually within the context of a set of related tasks that include the one just taught (p. 2).

Mager (1962) was the first to specify the components of a well written objective. These are 1) an indication of the conditions under which the performance will take place; 2) a specification of the nature of the performance; and 3) indication of the standards the performance must meet.

Although behavior objectives are becoming an important aspect of teaching technology, a number of criticisms have been raised. Rowntree (1974) suggests the following list as being representative:

1. Objectives are too difficult to formulate, especially in arts based subjects.
2. Objectives put too much stress on trivial and easily measured behaviors.
3. Not all desirable results can be specified in advance.
4. It is undemocratic to specify objectives in advance.
5. Objectives are difficult for teachers to work with.

It would appear that although behavioral objectives represent a theoretical ideal, they are difficult to utilize with material such as personal effectiveness training.

Once that objectives have been detailed, the next step in program development usually involves some form of task description and task analysis (Davis, Alexander & Yelon, 1974). The task description is a detailed account of what someone who can competently meet the objective would do in meeting it and the task analysis involves a detailing of the concepts, skills and procedures he would utilize.

Once this is accomplished, decisions must be made about the selection and organization of the content. Waite (1974) suggests the following procedure. List tentative and necessary content, consider and select strategies, write a rationale for the program, arrange the content in pedagogical order, divide the content into units or lessons, write tentative objectives for unit one, write the instructional material for unit one, and so on.

Once the decisions have been made about content and sequencing, the teaching strategies need to be selected. The basic methodology finally selected for presenting the SEL program was based on four components, namely instruction, demonstration (modeling), practice (behavioral rehearsal), and homework.

The instructional component is designed to give cognitive understanding of the principles involved in executing a given skill or an understanding of a given attitude. In the SEL program, instruction is based on small lecturettes, bibliographic materials, and specifically written hand outs.

The demonstration component is comparable to modeling. Modeling has been shown to exert a powerful effect on learning (Bandura, 1969) and it is frequently used to teach new behaviors (Bandura, 1973).

In general modeling is more effective when the model is rewarded for the depicted behavior, when the students have received prior instructions about what to watch for, when the model is seen as warm or attractive, when competing stimuli are minimized and when the model display is vivid and novel (Bandura, 1969).

Rachman (1972) indicates that modeling is facilitated by a combination of audio and visual presentations, repeated practice,

prolonged exposure, use of multiple models, use of participant modeling, and the use of relaxation training.

The practice component essentially consists of behavioral rehearsal, the name suggested for role playing by Lazarus (1965). Friedman (1972) suggests the essential difference between role playing and modeling is the fact that the client is asked to participate in overt verbal and gestural behavior during role playing while modeling is based on observation.

As the earlier review of the literature on assertion training indicated, the combination of modeling and roleplaying are powerful change techniques. Friedman (1971) offers a possible explanation. When they are combined the client has available to him 1) information that evokes response rehearsal; 2) a variety of externally presented visual and vocal cues that provide him with covert-cognitive perceptual images which serve as internal cues for his behavior; 3) a repertoire of overtly rehearsed responses to emit in the presence of these internal cues.

The final component deals with the assignment of tasks for practice between sessions. Although this area is generally unresearched, it is a frequently used technique in clinical settings (Ellis & Harper, 1975; Lazarus, 1975; Lange & Jakubowski, 1975; Cotler & Guerra, 1976). Within the SEL program, homework is used to maximize the generalization and transfer of skills learned during the sessions and also as a way of identifying problem areas that require additional attention.

SEL Program Assumptions and Rationale

On the basis of the preceeding review of the literature relevant to skills training and the values and beliefs of the author, the following assumptions and rationale represent the basic framework on which the development of the SEL program was postulated.

The SEL program is based on the following assumptions:

1. It is assumed that human behavior is determined by both intra and inter individual factors. Implicit in this statement is the belief that behavior is a function of the interactions between personal and situational variables. At the macro level, this approach is consistent with the postulates of general systems theory and with the emerging cognitive-social learning conceptualizations of personality at the micro level.

2. It is assumed the medical model is inappropriate for explaining the etiology of most psychological problems, and therefore, does not constitute an efficacious paradigm for treatment of these disorders.

In physical medicine, three models are commonly recognized, namely those based on infectious, systemic and traumatic etiological consideration. In those cases where psychological symptoms can be attributed to one of these causative factors, a medical approach to treatment is indicated. However, to the extent the above etiological factors are absent, the medical model constitutes an inappropriate strategy for treatment.

3. It is assumed that the most efficacious approach to the amelioration of non-medically based psychological problems is based on utilization of an educational model of service delivery. Implied

in this assumption is the belief that the majority of human psychological problems result from the failure to learn certain skills and attitudes, or from the inappropriate acquisition of self defeating patterns of behavior. Further, it is assumed the educational approach must go beyond the simple cognitive understanding associated with 'insight' and include adequate opportunity for active skill practice. In other words, it is assumed that knowing about does not constitute knowing how.

4. It is assumed that certain identifiable attitudes, beliefs, and skills are to be more highly valued in terms of their role in fostering human effectiveness. Thus, the SEL program is based on the prescriptive norm that certain skills should be taught if the goal is to increase personal effectiveness and psychological health.

Nothing in the above statement is meant to limit the variety and richness of human experience, nor to reduce the individual's freedom of choice. However, it does reflect the belief that an identifiable core of personal and interpersonal skills are instrumental in fostering personal happiness, life satisfaction and belief in one's own ability.

Rationale for the SEL Program

At the theoretical level, the SEL program is based on the view human behavior is both internally and externally determined and can best be understood in terms of the interactions between these two sets of variables. Such a position is consistent with the emerging cognitive-social learning conceptualizations of personality appearing in the literature (e.g. Mischel, 1973; Mahoney, 1967).

This approach is integrative in that it draws together elements

from two divergent approaches to therapy, one emphasizing behavioral techniques and the other focussing on cognitive and affective processes (Mahoney, 1977). As such, it is part of a general trend in clinical psychology towards: 1) increased reliance on the theories and techniques of behavior therapy; 2) increased reliance on the theory generated by the existential gestalt perspective; and 3) increased reliance on ideological and theoretical eclecticism (Garfield & Kurtz, 1976). The result of this unlikely marriage between cognitive and behavioral stocks is an interactive determinism that explains behavior as a function of the interaction between organismic and environmental influences (Mahoney, 1977).

The above conceptualizations have tremendous implications for the therapeutic endeavor. On the one hand, cognitive processes are increasingly seen as the mechanisms by which human behavior is acquired and regulated, while on the other hand, performance based procedures are proving to be the most valuable for effecting psychological change (Bandura, 1977). Thus, successful performance replaces symbolically mediated experience as the principle vehicle of psychological change.

Within the above framework, the concept of self efficacy (Bandura, 1977) plays a central explanatory role. Definitionally, self efficacy beliefs refer to the beliefs the individual has about his or her own ability to carry out a given course of action competently and successfully. As such, they are directly related to both the initiation and persistence of individual efforts for there is a strong tendency to avoid situations that are seen as being beyond coping abilities. In general, the stronger the efficacy beliefs, the

more active and persistent the effort.

Thus, it follows that a major purpose of the therapeutic process revolves around its ability to strengthen and create increased expectations of personal efficacy. Consequently, the major function of the SEL program is to increase the individual's belief in himself and in his ability to act in a personally efficacious manner.

However, as Bandura (1977) indicates, efficacy beliefs in and of themselves are insufficient to produce change. The individual must have adequate incentives to make his efforts at change worthwhile and the component skills must be part of his behavioral repertoire. This is why the SEL program has been designed to be highly involving and a great deal of emphasis is placed on the teaching of the specific skills.

The final aspect of the rationale for the SEL program is based on the belief that the individual has to become increasingly responsible for the implementation of his new behaviors in everyday life. This self directed mastery model allows the client to gradually increase, strengthen, verify and generalize his beliefs about his own efficacy in his own environment.

In summary then, the SEL program is based on a rationale drawn from cognitive-social learning conceptualizations of human behavior. Consistent with the work of Bandura (1977), cognitive events are seen as playing a central role in the regulation of behavior and successful performance is seen as the most powerful vehicle for changing the person's beliefs about his own abilities. In addition to increasing efficacy beliefs, the program is designed

to teach specific skills using a highly motivating format. Self directed mastery is emphasized.

CHAPTER THREE

METHODOLOGY AND DESIGN

Program Development

Since development of the SEL program has been a very personal experience for the author, it is appropriate to begin with an informal sketch of the developmental highlights. The program grew out of the author's experience as a group leader in a 40 bed active treatment psychiatric facility in an Edmonton general hospital. Prior to the implementation of the skills training approach, the hospital's treatment strategies were based primarily on chemotherapy, non-directive group therapy, and individual counselling, also of a non-directive orientation. Although the existing approach was appropriate for many people, it was inadequate for meeting the needs of those individuals who were experiencing life difficulties because of a lack of personal coping skills.

One individual patient, a female in her late twenties, had a particularly significant effect on the decision to develop a skill based treatment approach. She presented with a long history of adjustment difficulties dating from her early teens and most of her adulthood had involved psychiatric treatment. Although she had been hospitalized a number of times and was on heavy doses of medications, response to all forms of treatment had been minimal.

Almost out of desperation, a decision was made to utilize a highly directive, specific skill teaching approach and the results were immediate and dramatic. Medications were soon discontinued and she was discharged from hospital, continuing with skill oriented therapy for some six months on an individual basis. She

has required no psychiatric assistance for the past two years and she reports that she is feeling happy with her life. Needless to say, results of this type were very reinforcing and provided a great deal of impetus for program development.

Subsequently, a skill training group, incorporating mainly assertion related skills, was established at the hospital. Gradually, the content and procedures were expanded to formulate a preliminary version of the SEL program.

The course went 'public' in the fall of 1975 when it was offered through the Extension Department at the University of Alberta in Edmonton. At that time, the content still focussed primarily on assertion skills, but the response from the public was generally encouraging (consult Appendix A).

In the fall of 1976 a number of agencies and individual professionals began to express a great deal of interest in the program. Two levels of professional oriented workshops were developed to meet these requests. The first level was an experiential introduction to the course content while the second level concentrated on developing the techniques necessary to run skill oriented groups.

In the process of development, the program went through several name changes. At first it was simply entitled ASSERTION TRAINING and the content was based primarily on the assertion training literature. Assertion skills were soon recognized, however, as only part of the repertoire required by individuals for effective functioning. Self-management skills became increasingly important and the program name was changed to "SCI-PET", an acronym for self control instruction and personal effectiveness training. Finally,

the name was changed to Skills for Effective Living (SEL), to reflect the broad based intra and inter personal skills basis it had come to incorporate.

In a more formal sense, development of the SEL program was based on the curriculum rationale suggested by Tyler (1950) and the behavioral program development model specified by Gropper (1973). Tyler (1950) specifies that objectives should be based on an analysis of the needs of the course participants, the knowledge inherent in the subject area and the needs of society.

The program development model suggested by Gropper (1973) indicates that the behaviors to be taught should be carefully analyzed, the necessary practice conditions should be specified, and the material should be systematically tried out and revised as necessary.

The version of the program utilized in this study is contained in Appendix B. It contains material suitable for use over ten weekly sessions of two and one half hours duration. The manual specifies the objectives for each unit, outlines the teaching procedures and suggests homework activities. It is intended for use as a general guide.

Popham & Baker (1970) and Quilitch, Miller, McConnell & Bryant (1975) suggest a number of practical considerations that should be incorporated into a program. The guidelines they suggest and the manner in which the SEL program meets them are discussed below.

1. A program should have clearly specified objectives.

On order to satisfy this requirement, the SEL program is presented in such a way that participants are always made aware of the objectives

for a given unit at the beginning of each session.

2. The participants should be aware of the purpose of teaching a given skill. As part of the introduction to each skill, participants are given a rationale explaining the relevance of the learning that will take place and the manner in which the skill will benefit them.

3. Equivalent practice should be used. As much as possible, practice situations in the training context should resemble the demands of the normal circumstance under which the skills will be applied once they have been acquired. In the SEL program this is met by utilizing role playing procedures based on participant presented problems.

4. Knowledge of results should be provided. To maximize learning, immediate knowledge of results should be presented. In the SEL program, heavy emphasis is placed on feedback, especially from the leader and other participants, although electronic modalities are also used. Care is taken to ensure that the feedback is oriented primarily towards positive aspects of performance and is specifically related to the skill being taught. This avoids the frequently utilized, highly confrontive type of feedback that often acts as a deterrent to subsequent learning.

5. Affective objectives should be incorporated. In this context, affective objectives refer to the utilization of procedures and processes that will make the learning experience highly involving so that individuals are maximally motivated to learn. Enthusiasm on the part of the instructor is an important factor here. In addition, the material and procedures utilized in the SEL program are designed to

be highly relevant and interesting to the majority of the people who take the course. Participation is maximized and a positive, encouraging atmosphere is established. It is felt, however, that the greatest factor in meeting the affective needs of participants, is related to the manner in which increasing success is structured into the program. In this context, the old adage, 'nothing succeeds like success', most certainly seems to be true.

6. Terminal behaviors are to be specified. The written objectives utilized in the SEL program fulfill this requirement.

7. Individual projects should be assigned. The use of individual projects is designed to allow individuals to transfer and generalize the applications of the skills being learned to situations outside the classroom. In the SEL program homework assignment fulfills this need and also help the individuals to work toward self-directed mastery (Bandura, 1977) of the skill application.

8. Formal incentives should be provided. This guideline is based on the recommendation that some form of formal recognition, such as a certificate or reward, be provided for program participation. This procedure was not utilized in the SEL program. Rather, outside incentives were provided by structuring opportunities at the beginning of each class for people to share their 'successes' from the week. This technique appears to be highly effective in that the person sharing a success receives a great deal of reinforcement from fellow classmates, while simultaneously acting as a model for others.

As mentioned in Chapter I, the present study involves both formative and summative evaluation procedures. The formative evaluation is conceptualized as a continuous process in which changes in

content and procedures are constantly being incorporated into the program. The summative evaluation, on the other hand, involves an evaluation of the effects of the program on certain outcome measures at a specific point in time. The nature of the formative and summative procedures utilized will be examined in detail in the sections that follow.

Formative Assessment

An important aspect of course evaluation revolves around examination of the changes facilitated by participation, as well as identification of the aspects of the program that require modification. This process evaluation (Cronbach, 1969) has been entitled formative assessment (Scriven, 1972). It is distinguished from the more usual summative evaluation procedures that rely heavily on statistical analysis of various outcome measures.

The basis for formative evaluation is found in the original intentions specified by the program developer. In the present study, it was intended that the final program should facilitate intra and inter personal functioning.

The development of the program proceeded through a number of phases. Originally, the skill content was based primarily on assertion training procedures of an interactive nature. Intra personal skills were added at a later date. The final domain of skills included in the program were reviewed in Chapter Two.

Formative assessment procedures are extremely difficult to describe in a manner that would make the process of course development replicable. In order to further explicate this fact, a distinction will be drawn between the context of discovery and the context of

justification, a distinction that parallels the difference between formative and summative evaluation. In the context of discovery, the scientist is concerned with generating hypothesis while in the context of justification, the emphasis is on testing hypotheses. The scientific principles of replicability, parsimony, and testability are aspects of the context of justification.

In the present study, the formative evaluation process was based on information obtained from three sources, namely the observations of the author, reactions from course participants, and comments from other professionals who used the program.

The author's observations were informally obtained and they were concerned with the suitability of the skill content for fostering improved intra and inter personal functioning as well as with the efficacy of various aspects of the teaching approach for developing given skills. Also, they were concerned with continuously improving the presentations so that maximum enjoyment and involvement were obtained. From a process point of view, efforts were directed towards making the program so involving that participants were unaware of the passage of time.

The major source of formative evaluation information came from the feedback obtained from the course participants. During the developmental process, over 500 evaluation forms were obtained. Participants were asked to structure their reactions in terms of aspects of the course they found most valuable, aspects of the course they found least valuable, additional content they would like to see included, improvements they could suggest in the methods of presentation and an overall rating of the course on a five point

scale comparing it to other courses they had taken. As well, the Department of Extension at the University did an independent evaluation (see Appendix A) of the course and this information was forwarded to the author and utilized in formative procedures.

The reactions from other professionals who utilized the material was obtained informally. At every opportunity the author would question people who had attended the training about their utilization of the material. When possible, the information was obtained in writing. The comments were considered in every case.

A final source of formative information came from the two trainers who utilized the material in the summative aspect of this study. Although their reactions could not be incorporated into the version of the SEL program used in the treatment, future revisions will incorporate their recommendations. These were not extensive, and they are discussed in Chapter Four.

Summative Assessment

As mentioned previously, summative evaluation focusses on the analysis of outcomes produced by a given procedure (Scriven, 1972). Thus, in the present study, summative evaluation was undertaken to assess the overall effect of the program under controlled experimental conditions. The training sessions were lead by two instructors other than the author in accordance with generally accepted experimental conventions. The dimensions selected for evaluation were anxiety, self concept, irrational beliefs and overall psychological adjustment.

A. Hypotheses

The SEL program is a broadly based skills training package

designed to improve human functioning. It is hypothesized that there will be an overall significant treatment effect resulting from participation in the SEL program when the variable of anxiety, self concept, irrationality and overall adjustment are considered simultaneously. This is the first hypothesis.

Anxiety is a central explanatory concept in much of the literature on impaired human functioning. Wolpe (1958) postulates that anxiety is a major cause of impaired social functioning. If the SEL program is an effective treatment strategy, anxiety will be reduced. Thus, the second hypothesis is that there will be a significant reduction in anxiety as a result of participation in the SEL program.

The individual's self concept has been demonstrated to be highly influential in much of his behavior and also to be directly related to his general personality and state of mental health (Fitts, 1965, p. 1). As the individual develops the skills necessary for effective human functioning and experiences more life successes, his self concept should improve. Thus, it is hypothesized that participation in the SEL program will lead to an improvement in self concept. This is the third hypothesis.

Difficulties in human functioning have been directly attributed to irrational beliefs (Ellis, 1962). Within this framework, an increase in personal effectiveness should be accompanied by a decrease in the degree of irrationality. Thus, the fourth hypothesis is that there will be a significant decrease in irrational beliefs as a result of participation in the SEL program.

Finally, the development of intra and inter personal skills

should allow the individual to cope more adequately with the daily demands of living and produce an overall improvement in general adjustment. This leads to the fifth hypothesis that participation in the SEL program will lead to a significant increase in overall personal adjustment (as assessed in the California Psychological Inventory).

In summary, the five hypotheses of the study were as follows:

- H₁: It is hypothesized that there will be a significant overall treatment effect resulting from participation in the SEL program.
- H₂: There will be a significant reduction in the level of anxiety as a result of participation in the SEL program.
- H₃: There will be a significant improvement in self-concept as a result of participation in the SEL program.
- H₄: There will be a significant decrease in the number of irrational beliefs ascribed to as a result of participation in the SEL program.
- H₅: There will be a significant increase in levels of overall personal adjustment as a result of participation in the SEL program.

B. Experimental Procedures

A post test only control group design was utilized for summative evaluation (Campbell & Stanley, 1963). Participants were randomly assigned to either one of two treatment or a control condition. The design is shown in Figure 2.

Figure 2

| PARTICIPANTS | TEN WEEK | TWO WEEK | TEST SESSIONS |
|--------------|--------------|--------------|---------------|
| Group I | SEL Program | No treatment | 0 |
| Group II | SEL Program | No treatment | 0 |
| Group III | No treatment | No treatment | 0 |

The post test only control group design is a true experimental design and allows for effective summative evaluation through a comparative analysis of the outcome measures obtained in the treatment and control conditions (Campbell & Stanley, 1963).

Testing procedures were conducted two weeks after the conclusion of the final session of the SEL program. All tests were administered to the individuals in both treatment and control conditions during the same time period (see figure 3).

C. Treatment

Treatment consisted of participation in the SEL program for ten weekly lessons, each of approximately two and one half hours duration (Consult Appendix B for the content of each lesson). The groups met on the same night in the same building, but each leader had contact with only the members of his or her own group.

During the treatment period, the author was available as a general consultant to the trainers and joint meetings with both trainers were held five times during the ten week experimental period. The author did not have any teaching or individual contact with the participants during this time.

In order to maintain standards for ethical conduct in research, waiting control group members were given the opportunity to participate in the SEL program after testing. However, because of time factors at the end of the Nursing School year, a modified weekend marathon format was utilized. This arrangement involved approximately the same number of course hours and all participants were satisfied.

D. Instrumentation

Anxiety.

With reference to the measurement of anxiety, the IPAT Anxiety Scale Questionnaire (Self Analysis Form) was utilized (Cattell & Scheier, 1963) (see Appendix C). The authors describe it as a brief, valid and non-stressful measure of anxiety level. It is a 40 item paper and pencil test that is easy to administer and score.

The test was developed from extensive research (Cattell & Scheier, 1963) and it is designed to give information about clinical anxiety in a rapid, objective and standard manner. The developers claim that the scale gives an accurate appraisal of free anxiety level (Cattell & Scheier, 1963).

Two types of validity data are reported for the test in the manual. Construct validity is estimated at $+0.85$ to $+0.90$ for the total scale, which was the one utilized in this study. External validity has also been well established. The authors claim (Cattell & Scheier, 1963) correlations are substantial with physiological measures of anxiety, and the test scores also correlate with psychiatric diagnosis of anxiety level more closely than any other available test.

The test has been shown to have a highly satisfactory reliability, with figures varying from $.87$ to $.93$ for test retest measures conducted over a one to two week period.

Self Concept

The Tennessee Self Concept Scale (see Appendix D) was used to measure self concept in this study (Fitts, 1965). The scale consists of 100 self descriptive items which the individual uses to portray

his own picture of himself.

Fitts (1965) began development of the scale at the Tennessee Department of Mental Health in 1955. The original pool of items was derived from existing self concept scales as well as from written descriptions of patients and non patients. From this total pool, 90 items were selected.

Although a number of subscales are available, the total P (total positive) is the single most important score, reflecting the overall level of self-esteem (Fitts, 1965). Persons with high scores tend to like themselves, feel that they are of worth, have confidence in themselves and act accordingly. Persons who score low tend to doubt themselves, see themselves as undesirable, often feel anxious, depressed and have little confidence in themselves (Fitts, 1965, p. 2). The total P score was the one utilized in this study.

Test retest reliability for the total P score is reported as .92 but it should be noted that the interval of time between the two administrations is not indicated.

Fitts (1965) claims that validity has been based on four sources, namely content, ability to discriminate between patients and non-patient groups, correlation with other personality measures and personality changes resulting from the result of certain interventions such as psychotherapy. In all of these cases, the validity of the scale has been supported (Fitts, 1965).

Adult Irrational Ideas Inventory

The sixty item Adult Irrational Ideas Inventory (AII) (Davies, 1970) was used to measure irrational beliefs (see Appendix E). The

instrument is based on the original inventory constructed by Zingle (1965). The instrument was designed to measure the degree of irrationality of beliefs consistent with the theoretical writings of Ellis (1962).

The items of the AII are answered on a five point Likert-type scale ranging from strongly agree to strongly disagree. For each item, the most rational alternative answer, consistent with Ellis's position, is given a value of one, and the most irrational a value of five. Thus, the higher the score obtained, the greater the degree of irrational belief.

The test retest reliability for the instrument, based on the results obtained from 110 education students over a three week interval, was .76.

Conklin (1965), Taft (1968), and Zingle (1965) have demonstrated the construct validity of the AII. A positive relationship has been reported between irrationality and anxiety (Taft, 1968; Winship, 1972), alcoholic tendencies (Davies, 1970), poor marital adjustment (Eisenberg, 1971), and underachievement (Conklin, 1965; Zingle, 1965).

California Psychological Inventory

The overall adjustment index (Megargee, 1972, p. 223) was utilized as criterion measure for testing the fourth hypothesis. It is computed by finding the mean T score on all of the CPI scales

The CPI is intended primarily for use with non disturbed subjects and its scales are directed primarily to personality characteristics important for social living and social interaction (Gough, 1957).

The test contains 18 scales, divided into four classes.

These classes are: 1) measures of poise, acendancy, self assurance and interpersonal adequacy; 2) measures of socialization, responsibility, and interpersonal structuring of values; 3) measures of achievement potential, and intellectual efficiency; and 4) measures of intellectual and interests modes.

Norms for the CPI were based on test results for more than 6000 males and more than 7000 females selected from a wide range of age, socio-economic and geographical groups.

Reliability based on a test retest method for each of the scales is as high as those generally found in personality measurement (Gough, 1957). Megargee (1972) reports that with different groups, test retest reliability figures have varied between .49 and .90. Long term coefficients over a one year period are mostly in the .60's and .70's, indicating moderate stability, even among adolescents.

From a validity point of view, the CPI presents problems. The emphasis has been placed on what Campbell (1960) has termed practical validity. That is the scales should predict what an individual will do in a specified context or identify individuals who will be described in a certain way (Gough, 1968). Megargee (1972) indicates that the test is frequently criticized because the scales are highly correlated or not factorially pure, showing a great deal of overlap.

Reviews in the mental measurement yearbooks have resulted in differing views of the test's value. Kelly (Buros 6:71) evaluated it as one of the best if not best available instrument of its kind.

Cronbach (Buros, 5:37) said the utility of the instrument still was in question. Thorndike (Buros, 5:37) felt it was not worthwhile. Goldberg (Buros, 7:49) in the most recent review suggests that the CPI has more predictive validity than most comparable instruments available.

The reliability and validity data of the CPI have just been highlighted in this review. For a more detailed description the reader is directed to the manual for the CPI (Gough, 1957) or to the CPI Handbook (Megargee, 1972).

The decision to use the CPI in the present study was based on the fact that it appears to be as good, if not better, than most similar tests as well as the author's familiarity with it.

E. Subjects

Subjects for the summative evaluation portion of this study were drawn from the staff and students of a local hospital based school of nursing. All participants were female and demographic data are presented in Table 1.

Subjects volunteered for the study in response to a poster that was placed in the nurses' residence. In all, 36 volunteers were selected and randomly assigned to one of two treatment groups or to the waiting control group. Due to a variety of reasons ranging from swimming lessons to illness, a number of participants dropped out of the study. The numbers shown in Table 1 are the numbers that finished the program under each condition, and are the numbers on which the data analysis was based.

Table 1

| Participants | Number | Average Age | Average Education (Mean years post High School) |
|--------------|--------|-------------|--|
| Group I | 8 | 20 years | 2.1 years |
| Group II | 9 | 21.3 years | 2.5 years |
| Group III | 10 | 23.3 years | 3 years |

The differences in average age and education were not found to be significant.

F. Trainers

The trainers were both very familiar with the content of the SEL program. Both had participated in the classes offered through the Extension Department at the University of Alberta. In addition, they had both participated in a Level II workshop for professionals where they became familiar with the skills training approach.

Trainer A was a graduate student at the University of Alberta in the Department of Educational Psychology. He was extremely interested in the SEL program and had presented skill based programs on a volunteer basis with a number of agencies in the city, such as Family Life and Woman's Place.

Trainer B was a nursing care coordinator in charge of a large pediatric unit at a city hospital. She held a Bachelor of Science degree in Nursing and had several years of experience in her position.

Both of the trainers were very interested in the skills taught in the SEL program and both felt that the program had made a strong impact on their lives. Because of this, they were strongly

committed to presenting the program in an enthusiastic manner, a condition that the author has found to be essential for successfully teaching the material.

G. Data Analysis

For purposes of data analysis, the results for the two treatment conditions were combined and compared with those for the control group. Prior to pooling the two groups, an F test for homogeneity of variance was conducted on each variable. Differences were not significant and the two groups were combined. Since the data collected involved multiple measures on each individual, multivariate analysis techniques were utilized (Morrison, 1968). Hotelling's T^2 test was selected. In addition, the results were graphically displayed to facilitate interpretation.

CHAPTER FOUR

RESULTS

Formative Findings

A. Initial Expectations

The formative evaluation process, like any evaluation procedure, requires static reference points upon which to base comparisons. The author's preliminary expectations served this function in the present study. They will be summarized in terms of overall program objectives, skill content and teaching methodology.

With regard to general objectives, the intention was to design a package that would systematically teach the skills which are necessary for effective human functioning, at both the personal and interpersonal levels. It was intended that participation in the program would increase the individual's belief in his own ability and instill an active, positive coping approach to life. Ultimately, it was the expectation the individual would master the personal problem solving and self management skills necessary to develop and implement his or her own change plans.

With reference to skill selection, the intention was to follow an 'organic' model that would allow skill content to be constantly rearranged, modified, resequenced and supplemented until the general objectives outlined above were consistently realized. Assertion skills formed the starting point in this evolutionary process.

With regard to teaching methodology, the intention was to develop an effective educational model of psychological intervention that would maximize the opportunity for the acquisition, retention and transfer of selected skills. Affectively, it was intended the

teaching approach would make participation in the program a warm, rewarding and enjoyable experience for the majority of people.

B. Personal Observations

The author's personal observations have constituted a major source of information used in the formative evaluation of the SEL program. This was especially true in the earlier phases before participant feedback was routinely sought. In total, these observations have been based on well over 1000 hours of teaching contact with in excess of 500 people.

The observations have focussed on the following: 1) the ability of the program to realize the overall objectives; 2) evaluation of the appropriateness of the skills selected as well as evaluation of the sequence in which they were presented; and 3) evaluation of the efficacy of the educational model. General findings in each of these areas will be considered separately below. A list of the major problem areas identified through personal observation will then be presented.

Overall Objectives

The main objective underlying the development of the SEL program was to design a broad based package for systematically teaching the skill necessary for effective living. This appears to have been a highly appropriate undertaking and the author has been impressed by the correspondence between the program's objectives and the identified needs of large groups of people, in both clinical and non-clinical settings.

Participation in the SEL program appears to facilitate substantial improvement in the individual's ability to cope effectively with a wide variety of life problems. This is especially evident when

the difficulties in functioning are not secondary to serious psychiatric or medical conditions.

Personal observation has lead to the conclusion that the SEL program facilitates the following types of changes: 1) participants learn to attribute the origin of their difficulties to a lack of specific skills or to a surfeit of anxiety as opposed to the general concept of 'personal inferiority' so often used as an explanatory concept at the start of classes; 2) participants learn to accept responsibility for their problems and for the changes they must undergo to solve them. Thus, they develop the realization that although a helping person can show them how to change, the onus for implementation remains with them; 3) participants learn to substantially reduce the amount of time they spend in negative introspective self analysis (the 'paralysis by analysis' syndrome) and instead learn to focus on the positive aspects of their lives; 4) participants tend to develop increased feelings of self-esteem, self confidence and self worth; 5) participants learn to substantially reduce or control the amounts of anxiety they experience in problematic situations; and 5) participants learn a wide variety of specific skills for actively coping with a diversity of situations. On numerous occasions, changes occurred in a dramatic fashion over a short period of time.

The foregoing descriptions are an attempt to define the essence of the changes facilitated by participation in the SEL program. These can best be conceptualized as program produced trends for they occur to varying degrees with different individuals. Of course, with a number of participants the program was observed to be totally unsuccessful.

Skill Selection

An organic approach to skill selection was followed. Broadly speaking, content was based on the sources specified by Tyler (1950) namely, participant needs, the structure of the subject matter and societal needs.

Although the initial stages of program development concentrated on assertive skills, it soon became evident that many other areas needed to be included in the curriculum, especially those related to problem solving and self-management.

Personal observation at the content level was also concerned with skill sequencing and an attempt was made to order the presentation in terms of increasing levels of difficulty. In general, positive, initiatory skills and cognitive skills were far easier to teach than the skills for coping with negative, manipulative or confrontive situations.

On the basis of personal observation, the author is of the opinion the current version of the SEL program incorporates a basic core of skills necessary for effective personal and interpersonal functioning. Much additional work, however, is required in the area of skill definition and sequencing and the present study can be regarded as only the initial phases of this investigation.

The Educational Model

A major intent of the accomplishment reported in this study revolved around the attempt to develop an effective educational model for teaching people to systematically cope with life problems. Initially, a great deal of emphasis was placed on 'information giving', but this, in and of itself, was soon observed to be an inadequate

approach for facilitating change.

In order to improve the model, demonstration and practice components were added. The use of regular homework assignments was the final innovation. Homework follow up has been found to be extremely important. All of the above changes pertained to the technical aspects of the teaching presentations.

However, personal observation soon lead to the conclusion that the human dimension of the teaching model was equally important. Leader enthusiasm emerged as a key characteristic in the effective presentation of the SEL program material. It appears that the necessary leader characteristic can be summed up in the following 'attitudes' which he or she should display while teaching: 1) I'm glad I'm here; 2) I'm glad you're here; and 3) I know what I am talking about. To the extent any of these attitudes are absent, the presentation will lack effectiveness.

On the basis of personal observation, the author is of the opinion that the educational model, utilized in conjunction with the 'attitudes' presented in the previous paragraph, constitutes an extremely powerful approach to facilitating change.

The intended affective objectives for the educational model have been observed to have been met. The program is a warm, rewarding and highly enjoyable experience for the majority of participants. Frequently, class members were noted to be so involved with the learning experience that they did not notice time passing. The author has been impressed with the consistently high degree of involvement participation in the program facilitates.

The preceding discussion has dealt with the writer's general

observations during the development of the SEL program. It was noted that the package appears to meet its overall objectives, contains appropriate skills and utilizes an educational approach that is effective from both the technical and affective points of view. The major problem areas will now be examined.

SEL Problems

1. Participants in the program must ethically be advised of the side effects of treatment. Behavior change will seldom be accepted without reactions by members of the social systems within which the participants interact and homeostatic forces will frequently attempt to coerce the participants to adopt their precourse style of interaction. For example, in the hospital setting, improvements in behavior were frequently met with such adverse reactions as, "You used to be nice, now you're a bitch" or "They're making you crazy in that hospital". This reaction has tended to occur most frequently with individuals who were very passive and subservient at the start of the program.

The problem has been overcome by teaching people at the outset about the nature of social systems and the norms for interaction that develop within any given system. Thus, reactions from others become an indication the individual is indeed changing. If you change one element of a system, the whole system has to change.

2. Extreme caution must be taken to ensure participants acquire a realistic view of the manner in which skills are to be used. This is especially true with assertion skills where some individuals use them to seek revenge for past wrong doings. In this view, the skills become interpersonal guerilla tactics that facilitate confrontation with "style and dignity". The author's experience

responsible for some destructive learning of this nature in the very early phases of the course development.

3. In presenting the SEL material it has been observed that discussion alone is a very ineffective teaching technique. However, there is an inherent tendency to return to this level, especially on the parts of participants who will frequently turn skill practice sessions into discussions about the skill. The instructor must be constantly alert to this trend and get them involved in 'doing' rather than just 'talking about'.

4. The manner in which feedback is presented is of paramount importance to the success of the program. Participants need to be taught how to give feedback. It works most effectively when it concentrates on the positive aspects of a situation and is extremely descriptive. There is a real problem in keeping participants on target in this area for they constantly tend to return to a non-specific negative type of feedback, i.e. "you were too scared", that greatly impedes subsequent performance.

5. Language of presentation must be kept simple. There is a tendency for the leader, to become very theoretical and pedantic. This has been observed to immediately destroy the effectiveness of the program. The material must be kept realistic and the examples used must have continuity with the everyday worlds of the participants. When people identify strongly with the examples used and can grasp all of the vocabulary and explanations, they quickly become involved. This is a very difficult task to accomplish and it requires a great deal of practice to make the material 'come to life'.

6. Difficulties in later stages of the program frequently

develop because of a failure to set appropriate norms at the outset. If you want people to participate, have this begin in the first five minutes of the first session. If the norm is established that the instructor talks and the participants listen, it will be almost impossible to change later. This was a very difficult problem to overcome and its importance cannot be over stressed.

7. Voice qualities have proven to be very difficult to work with and additional development is still required in this area of the program. It took the author a very long time to identify the qualities of voice that related to effective interpersonal functioning. Proper voice production, based on proper utilization of the lungs, and voice projection, based on proper use of the lips and tongue, are now stressed. Adequate volume is extremely difficult to successfully approximate for the timid person usually fears that they are hollering as soon as they attain adequate output. Although a variety of methods have been used to increase volume, e.g. verbal prompts, hand prompts, tape recorders, none of these have worked satisfactorily. At present, a voice activated relay that turns on a lamp is being used. The required volume level is adjustable and the technique, although not adequately evaluated, is highly promising.

8. After attempting to teach a wide variety of skills, the observation has been made that it is very difficult to teach skills you don't believe in or have not used extensively yourself. Anyone using the SEL program should be able to demonstrate a high level of skill mastery before teaching them to others.

9. Because the SEL program has a series of lessons, there is a tendency to become content bound, thus ignoring the dynamics of the

teaching process. When this happens, teaching quality has always been observed to deteriorate. Process and content have to proceed hand in hand in a balanced fashion.

10. Ineffective instructor modeling causes a great deal of difficulty for the participants. It is important that the course leader is able to spontaneously role play the skills being taught. He or she should present a model of a competent person who is functioning effectively. However, the model must be realistic and appropriate. Instructor self-disclosure that allows the participants to observe how he uses the skills to deal successfully with life problems greatly enhances the modeling effect.

11. It is difficult to get people to practice the skills they are learning outside the classroom situation. Encouragement and a great deal of group support for success seem to be the most effective ways of overcoming this difficulty.

12. Selection of individuals appropriate for participation in the program has presented difficulties. In a hospital setting where group size is small and a very supportive extra-class environment is available, fairly severely disturbed individuals can be accommodated. In settings lacking this support, however, or where group sizes are larger than 10 - 12, they must be excluded.

Through observation, the author has developed the following rule of thumb regarding selection: Eliminate the very seriously impaired and give everyone else a trial. But, do not hesitate to have them removed if they prove unsuitable, for an inappropriately selected member can destroy effective learning for the rest of the group.

13. A number of problems have been noted with the content of the program. These are included below:

a) The section dealing with individual rights requires modification. This session has tended to drag too much.

b) The skills relating to coping with criticism are extremely difficult to teach. This is especially true of learning to handle aggressive, sarcastic remarks. More practice exercises need to be developed.

c) A standardized form for a diary or log book needs to be developed and concise instructions on how to maintain a diary need to be presented to participants.

d) A participant handbook containing relevant reading material is required.

e) More emphasis needs to be placed on teaching actual relaxation skills. Formative evaluation on the use of taped exercises will be undertaken. The course has tended to emphasize the need to relax without systematically teaching the procedure involved.

f) The section on self instructional techniques needs to be more strongly emphasized.

C. Participant Feedback

Feedback from the individuals taking the SEL program proved to be an extremely valuable source of information for use in the formative evaluation process. Many modifications were made on the basis of this on going feedback. Examples of the types of comments generally received are presented in the following sections.

In general, overall response to the course was excellent and

1. Seems to be more applicable than a good many courses.
2. The program presented relevant and practical information.
3. I really felt good about this course and I would like to take more.
4. I enjoyed the presentation and course immensely and have learned several new things about myself.
5. This course is highly recommendable.
6. I really enjoyed the course and I have been applying many positive aspects to improve my self concept.
7. I would like to see the rest of my office staff take this course.
8. This was a most informative session and thoroughly enjoyed.
9. I would enjoy and benefit from further instruction.
10. A well thought out course, extremely well presented in layman's language.

One aspect of the feedback received dealt with what participants felt they learned as a result of participation in the SEL program.

The following are representative statements.

1. I learned how to cope with some different situations like handling criticism and compliments.
2. I learned many things -- mainly -- a refreshing look at focussing on moving from a better space to a great one.
3. I learned how people manipulate others, how to deal with it, and rights I didn't know I had.
4. I learned that the techniques for interpersonally relating are learnable.
5. I found myself feeling validated which opened up my hearing to some of my own shortcomings.
6. I learned to believe in myself more, to take the initiative to assert myself more.
7. I learned that acting in an assertive manner usually results in a good reaction for both parties involved.
8. I learned not to engage in self analysis.

9. I learned about dealing with 'buttons', especially criticism.
10. I fortified my belief in growth and action and it gave me more tools to work with.

Feedback was obtained regarding aspects of the course that the participants enjoyed. The following comments are representative of the information received.

1. I liked the examples that were given and the role playing.
2. I liked the specific exercises dealing with specific problems.
3. I liked the emphasis on the educational model.
4. I liked the approach of teaching people skills before expecting behavior change. Also, having fun while doing it.
5. I liked the easy relaxed atmosphere.
6. I liked the instructor being so helpful and willing to discuss specific problems with all persons.
7. I liked the active participation and exercises that were enjoyed.
8. I liked the way the atmosphere was free and easy -- let us be.
9. It was a lot of fun.
10. The continuity, content and effective use of role playing.

In order to improve the educational model, specific comments were sought regarding the instructor's approach in teaching the SEL program. A number of important dimensions emerged including: confidence, ability to speak clearly, humor, and flexibility. The following comments are representative of those received:

1. He made you feel very at ease. An excellent speaker.
2. He encourages relaxed participation without unwarranted embarrassment, especially with the light touches of humor.
3. He was very efficient and clearly showed confidence in his teaching. This created an impact that made one feel like participating.

4. He is an excellent speaker who puts across ideas quite easily in terms that can be understood.
5. He used good examples, excellent delivery, very sure of himself.
6. As a teacher, I feel that I can say with authority that you know how to get your ideas across very effectively to a group of people and make them feel involved.
7. The role playing situations were presented in the least threatening way I have ever experienced.
8. The instructor was reassuring, confidence building and anxiety lowering. He gets his message across with humor.
9. If I didn't like your approach, I wouldn't have come. You allow and give direction and freedom to learn.
10. I thought Jim did an excellent job of encouraging people to take risks and giving constructive criticism that was acceptable. By believing in assertion training and what it can do for people to change their self concepts -- he convinced me that it does work -- I tried it -- that's why I believe in it.

Participant feedback was also solicited with regards to the manner in which the program could be improved. The following comments are representative of those obtained.

1. More use should be made of video equipment.
2. Some reading should be required as a prerequisite.
3. Written material should be provided.
4. Allow more time for discussion without cutting comment.
5. Develop a follow up session.
6. I would like it to be longer, mostly because I enjoyed the experience very much.
7. I cannot think of any methods to improve the presentation, except perhaps using more examples.
8. The presentation was pleasant and quite adequate.
9. I have no recommendations to offer. I enjoyed immensely the way it was presented.
10. I thought it was excellent. It could have been longer.

Finally, a very small number of participants expressed negative reactions to the program. Some complaints dealt with physical arrangements while others dealt with the content. Representative complaints include:

1. I dislike the smoky, stuffy rooms.
2. Could we start on time?
3. I found it difficult to intermingle with people unknown to me.
4. At times, we rehashed ideas that had already been presented.
5. Sitting for prolonged periods.
6. The tendency to a behaviorist approach (a personal prejudice).
7. I didn't like the section on compliments as I don't find this is a particular problem of mine.
8. I had too much of a feeling of being rushed.
9. There was not enough time to digest each aspect of the course as it was being presented.
10. The whole program seemed to get off to a slow start.

In general, negative comments were presented by less than five per cent of the participants.

D. Feedback From Professionals

During the developmental phases of the SEL program, a number of other professional workers expressed a great deal of interest in using the materials. Although no feedback was obtained in formal sense, a number of comments and suggestions were received. Overall, the reaction to the program content and format were very favorable. One individual described the course as "an uncomplicated, realistic approach to counselling which enhances what I already believe in". Another found that using the material was "an enjoyable, educational

rewarding experience".

The Alberta Drug and Alcohol Abuse Commission (AADAC) arranged a great deal of training for its counsellors in the use of the skills training approach presented in this study. Overall, their reaction has been highly favorable. The director of staff training and development made the following comments:

As noted in the attached evaluation forms that the participants were very much satisfied with your presentation. What is most rewarding is the participant's appreciation of the applicability of the content you present.

Other professionals commented on the manner in which the exposure to the SEL materials facilitated their own personal development. Representative comments include:

1. The program has helped me to deal with people in a more effective manner.
2. Intrapersonally, I am reinforced in thinking I can change; interpersonally, I have learned relationship and communication skills.
3. I feel I can state my needs now without having to justify. Also, I feel better able to deal with aggressive people.
4. It has given me greater capability for achieving the goals I set and greater understanding and power in interpersonal relationship -- it sheds light on dependency problems.
5. I now have a sense of direction and purpose in my counselling. I know where I am going.
6. This program will help me to cope with my own anxiety.
7. It was very relevant and realistic to my work needs. I wish it was a requirement for orientation to AADAC.
8. It has given me the right to say "no" to clients, and to set limits for clients and myself without feeling guilty or that I'm not doing my job.
9. It will help me with the salesmen I have badgering me.
10. I will be more capable to share my feelings and experience

with clients thereby acting as a model and an information giver.

A great deal of feedback was directed towards the educational approach incorporated into the SEL program. Many of the professionals who took the SEL courses were operating from primarily non-directive or encounter frameworks. Although not all agreed with the educational model, most were able to select and incorporate some of the elements into their own style. As one participant stated, "I have found that I can learn from someone without totally buying every thing he presents."

The aspect of the educational model that seems to have received the most appreciation is the way in which role playing exercises are introduced. In the SEL program participation is accomplished through successive approximations progressing from easy to more demanding tasks. Thus, by the time role playing exercises are presented, the prerequisite behaviors have been established, i.e. willingness to participate, willingness to speak in front of whole group, ability to give constructive feedback. Many of the professionals had simply asked people to role play before exposure to this approach and they had generally found clients reluctant to participate. The SEL approach made such role playing more effective and more enjoyable.

With regard to the educational approach, a great deal of feedback was directed toward the importance of the 'human side' of the instructor. The importance of confidence, enthusiasm and ability to model the behaviors being taught were recurrently emphasized. As one participant stated, "to be a good group leader you should be enthusiastic, believe in what you are teaching, and set the stage for people to take risks."

Criticism from professionals was primarily directed toward the inadequacy of the lesson plans. Many have requested that a detailed leader manual be developed with outlines of specific exercises. A need for a handbook for participants was also indicated.

Feedback from professional sources was very encouraging in that it indicated the SEL program, or aspects of it, were utilized in a variety of settings. These included: 1) drug and alcohol rehabilitation programs, in both residential and out-patient treatment facilities; 2) psychiatric intervention in general hospital active treatment facilities; 3) community mental health and public health programs; 4) teaching interaction skills to groups of junior high school students identified as learning disabled; and 5) staff development and communication training.

Feedback from all of the above sources was very favorable. In general, the professionals felt that the SEL program was applicable to any situation where people need to learn to relate effectively to themselves and other people.

E. Feedback from Trainers and Experimental Subjects

During the experimental validation of the SEL program, formative evaluation information was obtained by gathering reactions from the participants and the two group leaders. Overall, participant reaction was very favorable. On a five point scale ratings of individual lessons ranged between 3.8 and 4.2 with an average rating of 4.1. A detailed breakdown of this information is presented in Table 2.

Table 2
Mean Sel Ratings

| | | |
|--------------|-------|---|
| LESSON ONE | (4.0) | → |
| LESSON TWO | (4.2) | → |
| LESSON THREE | (4.0) | → |
| LESSON FOUR | (4.2) | → |
| LESSON FIVE | (3.8) | → |
| LESSON SIX | (4.0) | → |
| LESSON SEVEN | (4.0) | → |
| LESSON EIGHT | (4.1) | → |
| LESSON NINE | (4.0) | → |
| LESSON TEN | (4.1) | → |

In general, the feedback from the experimental group members was similar to that previously obtained by the author in previous evaluation and no new problem areas were identified.

The evaluations completed by the group leaders were an additional valuable source of formative data. The main points of their comments are presented here. (The complete evaluations are presented in Appendix G).

The program content was described by trainer A as being quite

adequate for teaching people to make lasting changes in their lives and relationships. Trainer B felt that the content was excellent.

Both trainers expressed appreciation for the four component educational model. Trainer A, however, stressed the importance of competence on the part of the instructor. He said:

The educational model is an effective, easy-to-teach-with model, that demands competence from the instructor. He has to convincingly demonstrate and model the skills and attitudes the course is attempting to teach (see Appendix G).

The lesson plan format was described as helpful, but both trainers felt that additional information should be included in the session outlines. Trainer A felt that unless the person using the plans had taken instruction from the present author, their understanding of the material in the lesson plans would be inadequate. Trainer B commented on several occasions that more material was required, but, she also commented that she appreciated the flexibility allowed by the present format.

Both of the trainers expressed concerns that situational factors may have interfered with their presentations of the SEL program. Concerns mainly revolved around the fact that the nursing students involved in the study were under the pressure of preparing for final examinations. There were also concerns that the presence of nursing instructors in the same group as students may have had an anxiety inducing effect, especially in the first few sessions.

In the course of teaching the SEL program, the two trainers made a number of suggestions for improvement of the materials. These will be examined on a lesson by lesson basis below.

Session One

1. More information on the myths about change need to be included in the manual.
2. A caution should be expressed to the instructor to keep the lesson 'low keyed' because of the high anxiety levels of participants at the beginning.
3. A more comprehensive introduction should be provided in which the content of the course is outlined.
4. Arrangements should be made so that participants have the opportunity to state their expectations for the course to the whole group as this would 'bring the group together'.
5. The procedures for goal setting needs to be modified.

Session Two

1. The sharing of participant's 'success stories' should be postponed to a later lesson as it is too soon and only results in embarrassed silence.

Session Three

1. A comment should be included that will cue the course leader to relate all practice sessions to examples that are meaningful to the participants, e.g. when working with nursing students, use nursing related situations to practice role playing.

Session Four

1. More background information is required on the principles of behavior change and self control procedures.
2. More background is required on the Idealized Self Image (ISI) (Suskind, 1970).

Session Five

1. The information on self concept needs to be expanded.
2. The lesson was criticized because it contains too much material.

Session Six

1. A taped series of relaxation exercises should be made available to participants.
2. The material on irrational ideas needs to be expanded.
3. A handout should be prepared on the concept of Subjective Units of Disturbance (SUDS).
4. The lesson contains too much material to cover adequately.

Session Seven

1. A handout should be developed on assertive rights.
2. The lesson contains too much material.

Session Eight

1. At this point the instructor should begin to stress that the skills learned in the SEL program are only tools for developing open, honest and direct communication.
2. There was a concern that the lesson may contain just a little too much material.

Session Nine

1. More material is required in session nine.
2. Original goals should be reviewed by participants to see if they have been accomplished.

Session Ten

1. No suggestion for improvement were given.

F. Formative Evaluation -- Concluding Comments

Formative evaluation of the SEL program has been based on the personal observations of the author, feedback from participants who went through the courses he taught, feedback from other professionals who had utilized either parts or all of the program, and feedback from the group leaders and participants who took part in the

experimental phase of this study.

The information received from the aforementioned sources indicates that the SEL program has been extremely well received. Participation in the program appears to facilitate changes in the direction intended by the author. Feedback has also validated the skill content selected and the educational approach utilized.

However, as a result of the formative evaluation process, a number of problem areas have been identified. Consequently, a series of revised lesson plans (see Appendix J) have been prepared. They incorporate the suggestions made by trainers, participants, and other professionals as well as the material required to overcome the problems noted by the author through personal observation. The revisions are summarized below.

1. A general introduction to the series of lesson plans has been added. This section deals with organizational problems as well as with a general introduction to the program.

2. A bibliography of related reading materials has been added to each lesson so that the instructor can obtain source information.

3. Lesson one has been expanded to include more material on the concepts relating to boxes, prices and myths. And, the suggestion that group members share their initial expectations at the first session has been incorporated. Also, an explanation of social systems and the possible side effects of skill training are included.

4. Lesson two has been modified to focus on problem solving skills: the material on non-verbal communication has been added to lesson three. The exercise on success stories has also been moved to

lesson three. The exercise of keeping a daily diary has been added in this lesson.

5. In addition to the rearranging of the content for lesson three outlined in item four above, a section on teaching participants how to give and receive feedback has been added.

6. The material on principles of behavior change and self control contained in lesson four has been totally revised to make it less theoretical and more understandable to participants.

7. Lesson five has been reorganized under the general rubric of cognitive strategies and it places strong emphasis on the concepts of positive focussing and self instruction techniques.

8. The use of a relaxation tape has been incorporated into lesson six. As well, a handout has been prepared on SUDS.

9. The material on personal rights contained in lesson seven has been revised to make it less cumbersome for the instructor and more meaningful for the participants.

10. In lesson seven an emphasis has been placed on working towards a self directed mastery model and explanation of this process is presented.

11. Lesson nine has been modified to review class goals and re-emphasize any material or concepts that need clarification.

12. After voice is discussed in lesson three, it is emphasized throughout the program.

13. More practice exercises have been added to teach people to deal with criticism.

Summative Findings

The summative evaluation results reported in this section focus on the analysis of outcomes resulting from treatment with the SEL program under experimentally controlled conditions. As outlined in Chapter Three, a post test only control group was utilized and treatment was administered by two trainers who had not been involved in the development of the program.

Since data collection involved multiple measures on each subject, a multivariate analysis procedure, in the form of Hotelling's T^2 , was selected as the test of significance. Univariate procedures were deemed unsuitable for this analysis because of the interdependence of test scores and the resulting interdependence of the significance tests themselves (Coolry & Lohnes, 1966; Morrison, 1967). Analysis for each hypothesis will now be considered.

A. Hypothesis 1

It was hypothesized that a significant overall treatment effect would result from participation in the SEL program. Multivariate analysis procedures allow for the simultaneous comparison of the scores on all outcome measures for all individuals in the treatment condition with the scores on all outcome measures for all individuals in the control condition. This process allows the researcher to determine whether or not a significant overall effect can be associated with treatment.

Results of Hotelling's T^2 test for hypothesis 1 are as follows:
 $T^2 = F(5,21) = 5.75, p < .002$. Thus, the hypothesis is supported.

Since overall differences between treatment and control

conditions are significant, and in the hypothesized directions, it is appropriate to proceed with data analysis for each of the remaining hypotheses (Morrison, 1967). It should be noted, however, that although treatment effects may be highly significant when results are simultaneously compared for all individuals across all outcome measures, analysis across each individual variable may prove non-significant.

B. Hypothesis 2

It was hypothesized that there would be a significant reduction in the level of anxiety as a result of participation in the SEL program. Results of Hotelling's T^2 test for hypothesis 2 are as follows: $T^2 = F(5,21) = 3.18, p = .027$. The hypothesis is supported.

The data for hypothesis 2 are graphically displayed in Figure 3. Examination of this graph clearly reveals the extent of the differences between treatment and control conditions on this criterion measure.

Thus, it may be concluded that for the participants involved in this study, treatment with the SEL program resulted in a significant reduction in level of anxiety, as measured by the IPAT anxiety scale (self analysis form).

C. Hypothesis 3

It was hypothesized that there would be a significant improvement in self concept as a result of treatment with the SEL program.

Results of Hotelling's T^2 test for hypothesis 3 are as follows:

$$T^2 = F(5,21) = .177, p = .968. \text{ Hypothesis 3 is rejected.}$$

The data for hypothesis 3 are graphically presented in Figure 4.

Figure 3
Cumulative Frequency Graph
IPAT Anxiety Scale

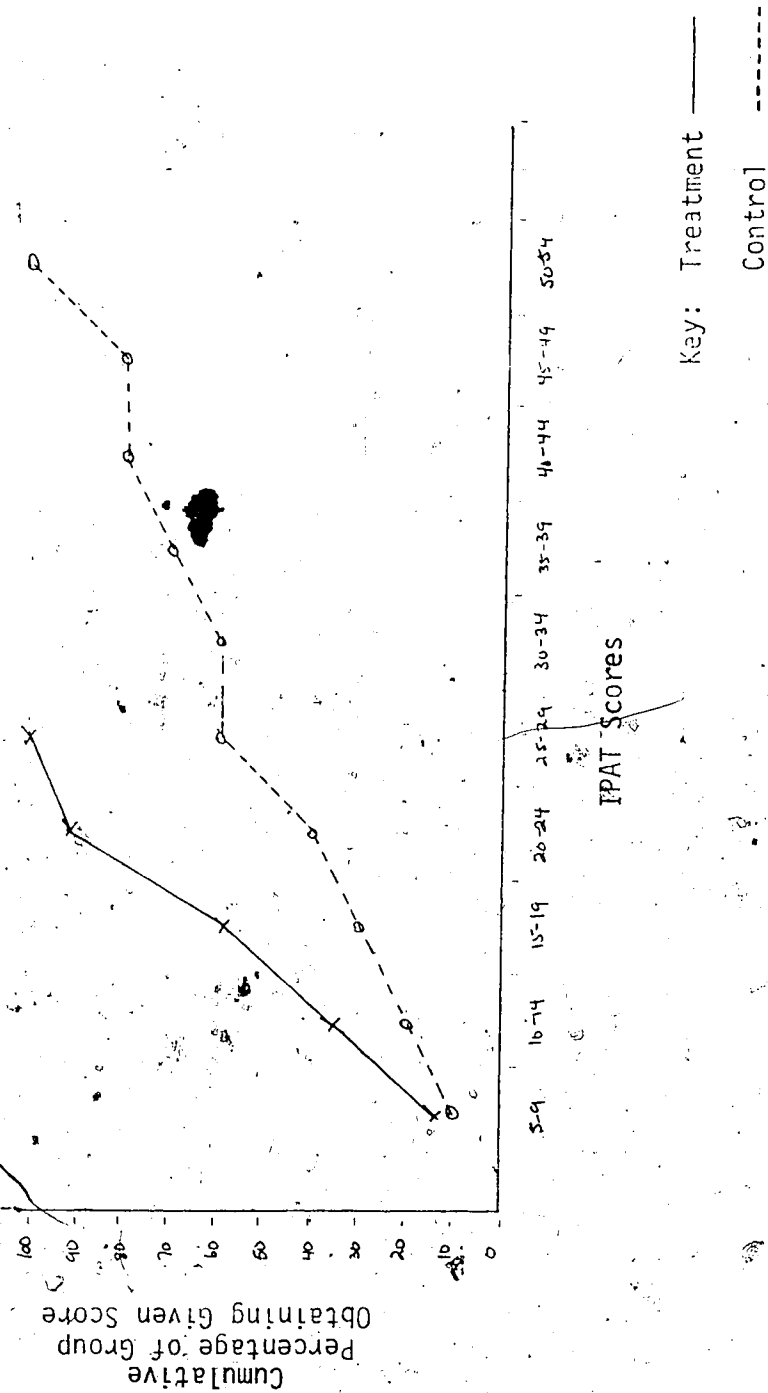
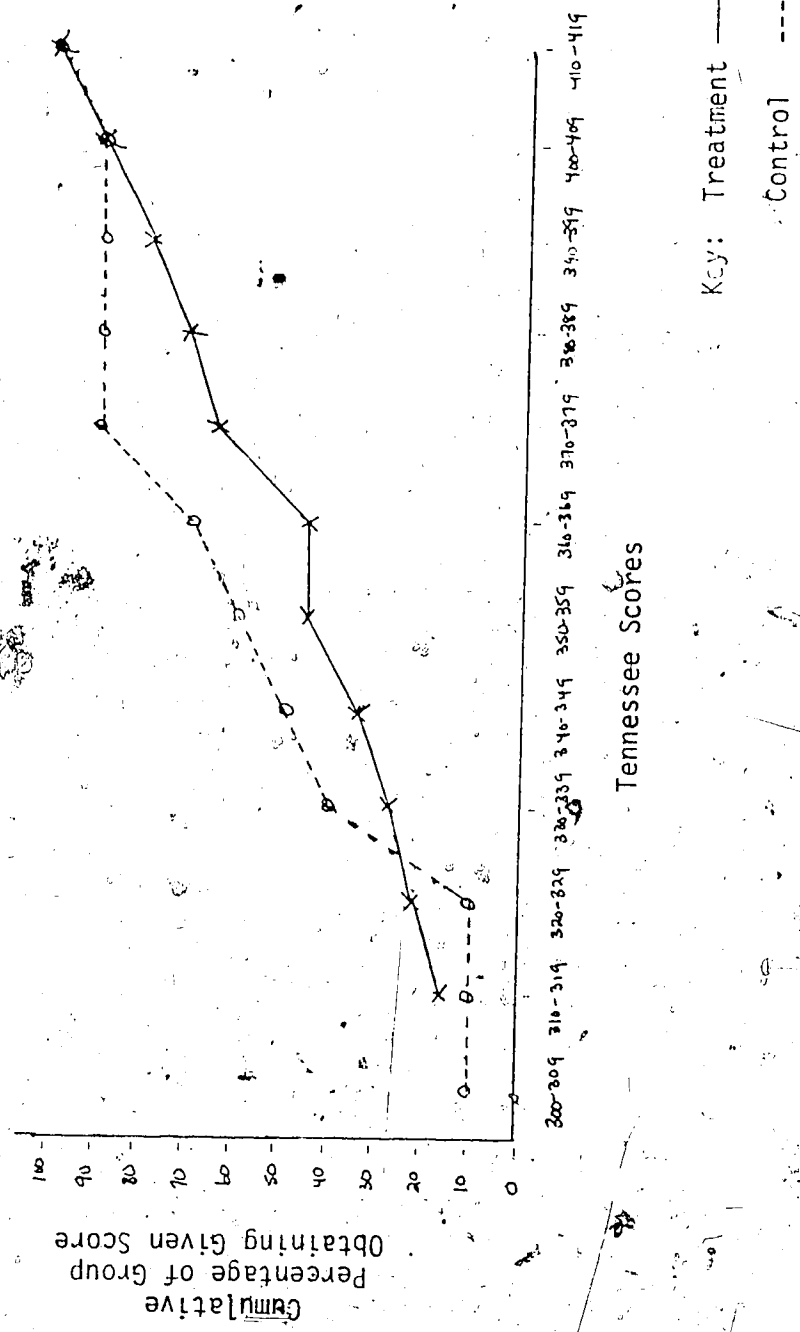


Figure 4

Cumulative Frequency Graph
Tennessee Self-Concept Scale



Even though the differences are not statistically significant, the graph demonstrates a trend in the results in the direction hypothesized by the researcher.

Thus, it may be concluded that for participants involved in this study, treatment with the SEL program did not result in a significant improvement in self concept as measured by the Tennessee Self Concept Scale. Graphic presentation did, however, suggest a possible trend in this direction.

D. Hypothesis 4

It was hypothesized that there would be a significant decrease in the degree irrationality as a result of treatment with the SEL program. Results of Hotelling's T^2 test for hypothesis 4 are as follows: $T^2 = F(5,21) = 1.21, P .340$. The hypothesis is rejected.

Thus, it may be concluded that for the participants involved in the study, treatment with the SEL program did not result in a significant decrease in irrational beliefs as measured by the Adult Irrational Beliefs Inventory. Graphic presentation of the data (figure 5) indicate, however, that although the differences were not significant, they did occur in the direction hypothesized.

E. Hypothesis 5

It was hypothesized that there would be a significant increase in overall levels of personal adjustment as a result of participation in the SEL program. Results of Hotelling's T^2 test for hypothesis 5 are as follows: $T^2 = F(5,21) = 1.49, P .236$. The hypothesis is rejected.

The data for hypothesis 5 are graphically presented in Figure

6. Once again, although the results are not significant, there is a trend in the directions hypothesized by the researcher.

Thus, it may be concluded that for participants involved in this study, treatment with the SEL program did not result in a significant increase in overall adjustment as measured by the California Psychological Inventory. However, although results were not significant, graphic presentation indicates the trend was in the direction hypothesized by the researcher.

F. Summative Evaluation -- Concluding Remarks

The results of the data analysis indicate that for the individuals who participated in this study, treatment with the SEL program produced significant overall change as compared to individuals in a waiting control group. Similarly, treatment produced a significant reduction in anxiety.

Although none of the other hypotheses were supported, differences in the hypothesized direction were observed in all cases.

Figure 5

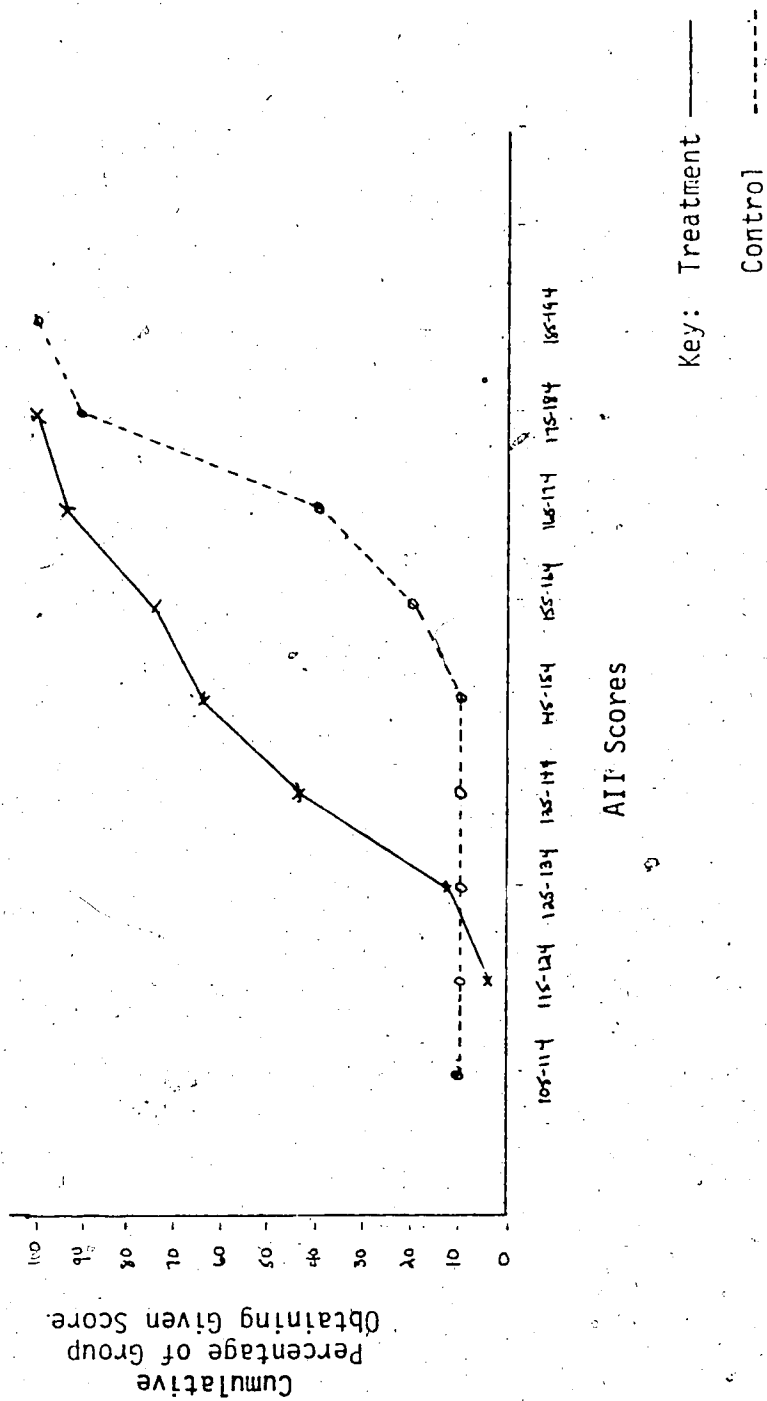
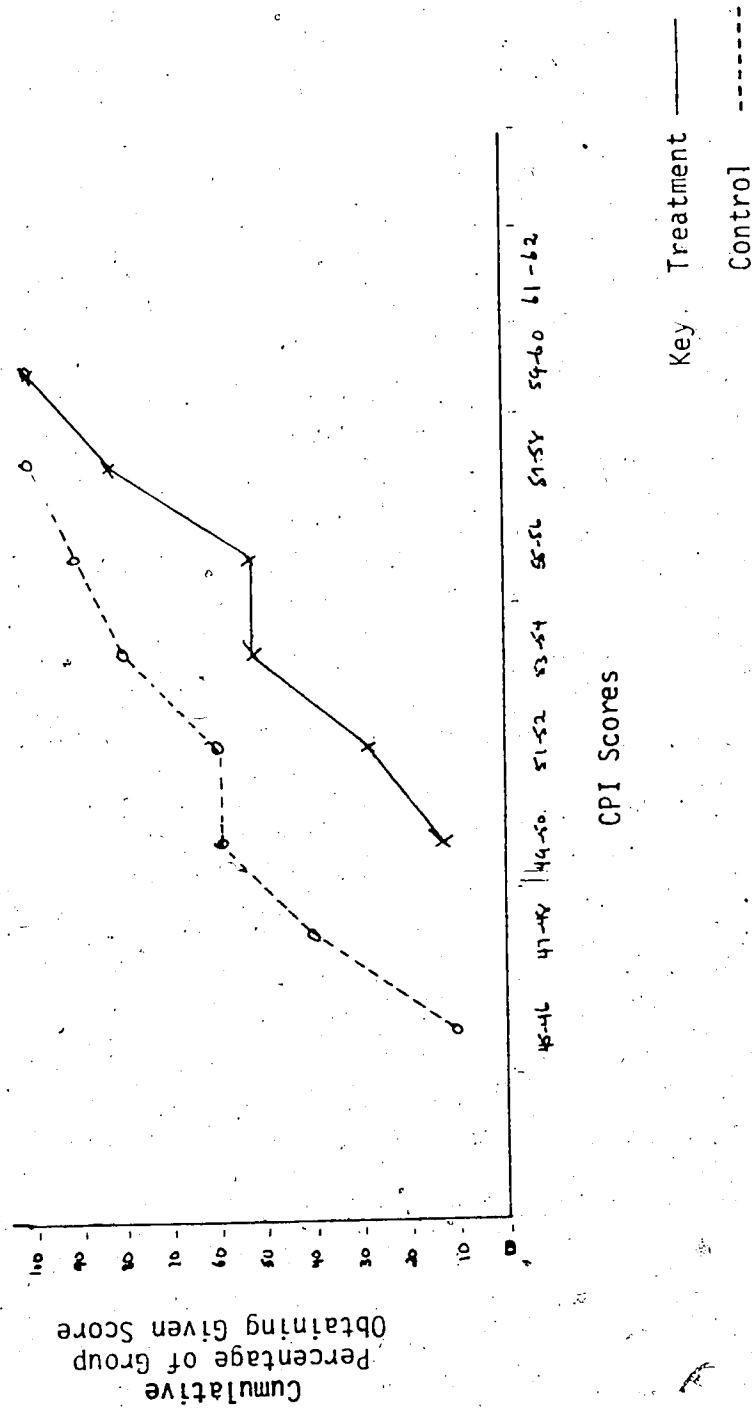
Cumulative Frequency Graph
Irrational Ideas Inventory

Figure 6

Cumulative Frequency Graph
California Psychological Inventory Adjustment Index



CHAPTER FIVE

DISCUSSION AND RECOMMENDATIONS

Discussion

The results of the formative evaluation of the SEL program indicated that the material was well received. Feedback from individuals who participated in the sessions, and from professionals who utilized the material, was generally positive. Nevertheless, a number of problem areas were noted and the necessary modifications have been incorporated into the revised version of the lesson plans included in Appendix H.

The formative data suggested the conclusion that the SEL program facilitated the following types of changes. Participants:

- 1) learned to accept more responsibility for their problems, and more importantly, for solving them;
- 2) decreased the amount of time spent in negative self analysis;
- 3) developed increased feelings of self-esteem and self confidence;
- 4) learned to reduce anxiety; and
- 5) developed a variety of skills for coping with problematic personal and interpersonal situations.

The formative evaluation also indicated the response to the educational model was highly favorable. The model facilitated learning 'how' as well as 'about' and appeared to promote transfer of learning to applications in the natural environment.

From an affective point of view, the educational model generally appeared to meet the needs of participants. Feedback indicated that the learning experience was a highly involving and enjoyable one. Also, for professionals using the program, the educational model provided a sense of direction that tended to make the experience of

using a teaching approach a satisfying one.

Significant differences in the hypothesized directions between treatment and control conditions were found on measures of anxiety, self concept, irrationality and overall adjustment when all of these measures were considered simultaneously. However, when differences between treatment and control groups were compared on each variable separately, only anxiety emerged as being significantly influenced by the SEL program. On all of the other variables, although differences existed in the direction postulated, they were not significant. In part, this may be explained by the fact that the multivariate procedure utilized was a conservative test of significance designed for situations where the interdependence of test scores inherent in obtaining multiple measures on each subject might lead to acceptance of a hypothesis that should be rejected.

The generalizability of the findings is the next issue that will be examined. A number of factors must be considered. Firstly, all of the subjects were volunteers and the possibility exists that there are systematic differences that distinguish volunteer from non-volunteer populations (Rosenthal & Rosnow, 1969). Under most conditions, however, participants will have voluntarily sought to take the program, so this is not seen as being a serious limitation.

Secondly, the representativeness of the sample must be considered. Since random assignment procedures were utilized one can assume that the groups were representative of nursing students and instructors, or at least those that volunteer for participation in a study such as this. Generalization beyond this group is inappropriate.

In summary then, the generalizability of the findings may be

limited by the use of volunteers and by the use of a homogeneous group of subjects. Any attempt to generalize the summative findings beyond situations similar to the one in which the study took place, would be risky. However, the strong formative evidence supporting the appropriateness of using the program in a wide variety of settings lessens this risk to a considerable degree.

It should be noted that the limited generalizability was taken into account when the study was planned. The intention was to place the major emphasis on the formative aspects of program development and evaluation. The small summative study was undertaken to ascertain whether or not any treatment effects could be attributed to the program when it was taught under controlled conditions by trainers other than the researcher. In general, the results of both formative and summative evaluation have been favorable.

Recommendations have recently appeared in the literature indicating the need for broadly based educational programs that will improve human functioning (Bryant, et al, 1974; Mahoney, 1974). Such programs should be widely available through adult educational facilities (Bryant, et al, 1974). The SEL program meets the recommendations for a highly accessible, broadly based, skill training program.

The viability of offering such courses through adult education facilities has been demonstrated. The response to the program at the University of Alberta Extension Department has been phenomenal. Over the past two years, the number of individuals wishing to enrol in the program has consistently exceeded the available class space. In fact, the program has become the most popular course offered by the Human Relation Division of the Extension Department (Consult Appendix A).

In closing, a word of caution is in order. Programs such as the SEL should not be looked on as panacea suitable for treatment of all human problems. Unfortunately, many individuals in the helping professions have a tendency to get caught up in 'current fads'. Social skills training, especially in the form of assertion training, and rejection of the medical model are currently in vogue. There is a real danger that a tendency might develop to prescribe social skills training for everyone, no matter what the presenting problem. Such a 'patent medicine' approach is highly discouraged.

The author has developed the SEL program as a vehicle for increasing the number of alternatives available to people. As such, it is only one small part of the therapeutic armamentarium of strategies available for helping individuals. It is not intended to compete with or replace appropriately selected individual or medical intervention techniques.

Recommendations

During the course of the present study, a number of areas requiring additional investigation have been identified. These are presented below:

1. The current study has lead to modifications in the SEL program (see Appendix H). This new program now requires validation.
2. The generalizability of the results obtained through summative evaluation in the present study are questionable. Additional research using a variety of groups of people in a variety of settings with a variety of trainers is now required.
3. Mahoney (1974) suggests the following rule of thumb for program development research: First demonstrate an effect, then

isolate the cause. The present study has demonstrated an effect resulting from treatment with the SEL program. Additional research, in the form of component analysis designed to isolate the active ingredients in the content, the educational model and the instructor approach, is now indicated.

4. The summative results were based on data obtained only two weeks after treatment. Additional research is required to determine the extent to which the results last over time. A study with long term follow up is required.

5. Data in the current study were based on paper and pencil measures. However, since many of the changes the program is designed to produce occur at the behavior level, additional investigation utilizing behavioral measures is required.

6. In the process of validating the SEL program, it is hoped that information can be gathered about the types of people and the types of problems most suitable for treatment with this approach. Additional research needs to be undertaken to develop selection criteria for including individuals in the program.

7. Many professionals have expressed interest in using the SEL program. Although the formative information has indicated that certain teacher characteristics are essential for the effective presentation of the material, i.e. confidence, enthusiasm, experimental investigation is required in this area. As well, an effective program for teaching trainers how to use the SEL materials need to be developed.

8. The current version of the SEL program requires the development of instructional materials to make the presentation more

effective. Videotape models of various types of behavior are required as are graphic materials to increase the effectiveness of the educational program. Also, a participant handbook containing relevant reading materials and supplementary exercises is required. It is suggested that all of these materials could be made into a kit.

9. As a final recommendation, the author would like to see the material in the program modified so as to make it suitable for use with school children. This could be accomplished by developing a version of the program that is based on the same skills but utilizes vocabulary and exercises relevant to given grade levels. This area of research appears to be particularly pertinent for perhaps if people learn these skills as children, they will be able to function more effectively as adults.

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APPENDIX A

INFORMATION DEPT. OF EXTENSION
UNIVERSITY OF ALBERTA



UNIVERSITY OF ALBERTA EXTENSION

August 22, 1977

Mr. Jim Beaubien
Dept. of Educational Psychology
6-138 Education North
University of Alberta
Edmonton, Alberta

Dear Jim:

The following is a list of classes on Assertion Training which you have conducted for the Faculty of Extension:

| | ACTUAL ENROLLMENT | MAXIMUM |
|--|----------------------|---------|
| <u>Fall, 1975</u> | | |
| #710 Assertiveness Training | 20 | 20 |
| <u>Spring, 1976</u> | | |
| #746 Assertiveness Training | 24 | 25 |
| #761 " " | 23 | 25 |
| <u>Fall, 1976</u> | | |
| #725 Assertiveness Training - Section I | 20 | 24 |
| #724 Assertiveness Training - Section II | 24 | 24 |
| #723 Assertiveness Training - A Workshop for Professionals, Section I | 24 | 24 |
| #732 Assertiveness Training - A Workshop for Professionals, Section II | 24 | 24 |
| <u>Spring, 1977</u> | | |
| #742 Assertiveness Training - Section I | 25 | 24 |
| #743 Assertiveness Training - Section II | 24 | 24 |
| #744 Assertiveness Training - Section III | 22 | 24 |
| #771 Assertion Training for Professionals - Level I | 25 | 24 |
| #772 Assertion Training for Professionals - Level II, Section I | 16 | 16 |
| #773 Assertion Training for Professionals - Level II, Section II | 15 | 16 |

....2

Mr. Beaubien

- 2 -

August 22, 1977

The above list clearly indicates that there is a continuing and strong demand for courses in Assertion Training. This is further underlined by the fact that we had a waiting list of over thirty persons who wanted to attend the spring '77 series, but were unable to be accommodated.

A sample of the evaluation sheets which we send to course participants is enclosed. As you know, the responses to your courses have been uniformly very positive.

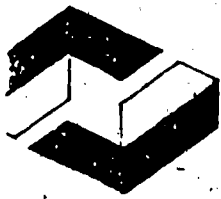
Best wishes on your dissertation.

W. H. Stewart

W.H. Stewart, Ph.D.
Professor

WHS/vh

Enc.



UNIVERSITY OF ALBERTA EXTENSION

FACULTY OF EXTENSION - THE UNIVERSITY OF ALBERTA

CORBETT HALL, EDMONTON, CANADA, T6G 2G4 • 432-3116

COURSE:

INSTRUCTOR:

DATES:

As an aid to planning future Faculty of Extension courses and in evaluating present courses, I would very much appreciate your taking time to complete this short survey. A self-addressed, postage-paid envelope is enclosed for your convenience.

Your comments, whether you took part in all the

Thank you.

W.H. Stewart (432-5049)

1. (a) Did the course description provide you with an accurate picture of what actually took place in the course?

| | | | | |
|------------------|----------|--|------------|--------------------|
| Very Accurate | Accurate | Neither Accurate nor Inaccurate | Inaccurate | Very Inaccurate |
|------------------|----------|--|------------|--------------------|

(b) Comments:

2. (a) Were you satisfied with the instructor?

| | | | | |
|--------------|------|------|--------|----------------|
| Very Much | Much | Some | Little | Very Little |
|--------------|------|------|--------|----------------|

(b) Comments:

3. (a) Were you satisfied with the course itself? (i.e. content, reading materials, relevance to practical situations).

| | | | | |
|--------------|------|------|--------|----------------|
| Very Much | Much | Some | Little | Very Little |
|--------------|------|------|--------|----------------|

(b) Comments:

4. Any additional comments about this course and suggestions for other courses which you would like to see offered:

(Please use reverse side if needed)

Thank you.

APPENDIX B

SEL LESSON PLANS USED IN STUDY

SESSION ONE

Objectives:

- (1) course introduction
- (2) get participation and involvement started
- (3) present material on change myths
- (4) present concept of boxes, prices, etc.
- (5) explain teaching approach i.e. the 4 components
- (6) preliminary goal setting

Procedure:

- (1) introduce yourself and course briefly
- (2) introduce exercise - choose someone and introduce them to class
- (3) brief lecture on boxes, prices, myths about change, etc.
- N.B. (4) encourage questions, participation - seek reactions etc.
(OF COURSE YOU WILL HAVE MEMORIZED MOST OF THE NAMES)
- (5) discuss goal setting - make specific

Homework:

- (1) can complete assertion scale is using one
- (2) compile list of personal goals for the class
- (3) ask participants to record any changes in themselves as you will ask for "success stories" start of next class

SESSION TWO

Objectives:

- (1) To begin targeting successes - (this is what you are emphasizing)
- (2) To increase participation through arranging a lot of involvement
- (3) To acquaint them with triadic working groups (coach, practicer, practicee)
- (4) Introduce non-verbal aspects of communication
- (5) Explain goal hierarchies
- (6) Introduce simple role-playing and begin to shape it

Procedure:

- (1) Spend 10-15 minutes discussing successes and reinforce for participation
- (2) Brief lecturette on non-verbal communication
- (3) Give demo of attending behavior - ask for volunteers (reinforce models of risk taking behavior)
- (4) Then go on and discuss all aspects of non-verbal (voice, eye contact, posture, gestures, distance, etc)
- (5) Break into triad and practice experimenting with the above - especially putting them all together in a simple role-playing exercise where two people talk about something they like. They also practice non-attending.
- (6) Brief lecturetee on goal hierarchies and have them share and rank their goals.
- (7) If they are quite relaxed, introduce exercise of speaking on "last word". At 15 seconds reinforce liberally. (both verbal and physically)

Homework:

- (1) Arrange goal hierarchy
- (2) Watch non-verbal interaction -- practice good eye contact, voice, posture, etc.
- (3) Identify progress

SESSION THREE

Objectives:

- (1) To introduce styles of behaviour and develop ability to discriminate among them
- (2) Encourage focusing on positive thoughts, strengths, etc.
- (3) To develop more risk taking and willingness to speak in front of people
- (4) Introduce basic communications skill of asking open-ended vs closed question
- (5) Be able to give and accept compliments

Procedures: share success first

- (1) Using board, teach them about three styles of behavior having them fill in examples of words for each category
- (2) Have them act out various situations in triads demonstrating all three styles as they get the feel of them (can use preplanned items)
- (3) Select some who do a good job to model for whole class
- (4) Demonstrate questions and have them practice in triads (Hit it briefly but hard or you can lose them).
- (5) Show how to accept compliments (verbal and non-verbal aspects) and reinforce complements. Practice in triads both giving and receiving - then practice whole group

Homework:

- (1) Prepare a list of strengths
- (2) Practice giving and receiving compliments each day
- (3) Try to get people to talk by asking open-end questions and using attending behavior.

SESSION FOUR

Objectives:

- (1) Understand principles of behavior change, i.e. concepts of reinforcement, punishment, extinction, modelling, shaping
- (2) Develop an understanding of the principles of self-control ABC's of behavior change. Learn importance of habits
- (3) Increase self disclosure and self-esteem
- (4) Prepare for introduction to changing self-concept
- (5) Communication skill of paraphrasing

Procedure: (share successes and goals accomplished)

- (1) Teach reinforcement etc and use lots of practical, non-technical examples
- (2) Discuss how can control antecedent cues and consequences to develop habits desired
- (3) Working in groups of about six. Have them share their list of strengths with each other. Change groups and repeat. Then select one strength and share with large group
- (4) Present Johari window
- (5) Teach paraphrasing and have them practice in triads. Select good examples for whole class demo.

Homework:

- (1) Write out idealized self-image - (present tense)
- (2) Target assertiveness with others in talking more openly about things they do well
- (3) Review goals, change, add new ones, etc.
- (4) Practice paraphrasing

SESSION FIVE

Objectives:

- (1) To develop understanding of what self concept is, how it develops and how to change it
- (2) Review myths about self concept "This is me"
- (3) Develop ability to pick up and reflect feeling
- (4) Develop understanding of the manipulative ploys used by others to influence or control our behavior (buttons)
- (5) Increase speaking in front of class
- (6) Teach problem solving skills

Procedure:

- (1) Share success goals accomplished
- (2) Teach about self-concept, labels we learn, etc. -- myth, definition
- (3) Explain how to prompt ourselves to think positive self thoughts i.e. date on watch and punish negative i.e. rubber band
- (4) Teach reflection and practice in triads. Select examples, model for whole group.
- (5) Discuss and model manipulative ploys, (guilt, anger, obligation, helplessness, etc.)
- (6) Topics in a hat and speak about it from front of room for 1-2 minutes

Homework:

- (1) Have them select problem they want to see role played in class
- (2) Practice all communication skills
- (3) Work on some aspect of self-concept
- (4) Watch for manipulative ploys

SESSION SIX

Objectives:

- (1) To teach them to recognize basic irrational ideas and their consequences
- (2) To teach understanding of anxiety and its management and control
- (3) Practice starting, maintaining and terminating conversations
- (4) Teach the importance of being able to make requests or ask for help
- (5) Teach procedure for self instruction

Procedure: (review successes and ask for problems (brief) to role play)

- (1) Lecture on irrational ideas (most common are everyone should like me (rejection) never hurt others, and failure is terrible). Elicit others (see Ellis's work)
- (2) From now on identify (when practical) underlying irrational ideas
- (3) Lecturette about how to start conversation (direct intro, compliments, neutral topic) develop them through use of basic communication skills and end (through summation, suggest reference to outside task, etc.). Have them role play in triads - then get whole group mingling around room and have them start conversations with each other
- (4) Lecturette about anxiety, SUDS etc and explain SUDS diary
- (5) Overcoming anxiety through gradual approximations (ranking events) and relaxation
- (6) Practice requests

Homework:

- (1) Maintain SUDS diary
- (2) Review goals attained, reset
- (3) Make many requests, stores, etc.
- (4) Start conversations

SESSION SEVEN.

Objectives:

- (1) Familiarize with assertive rights
- (2) Desensitization to criticism
- (3) Teaching persistence - (broken record)
- (4) Understanding time out
- (5) Learn to tell anecdote

Procedures: successes and role play requests

- (1) Have them meet in groups of 5-6 and compile a list of what they feel are their rights. List on board
- (2) Give out other lists e.g. Smith (1975)
- (3) To desensitize to criticism have them sit in a circle and criticize around with NO RESPONSE. Finish exercise by reversing order and complimenting
- (4) Discuss need to avoid being apologetic or defensive
- (5) Teach skill of time out and demonstrate - have them practice briefly in triads
- (6) Teach persistence (broken record) and give lots of practice. Especially point out how manipulative ploys and irrational ideas lead to defensiveness or apology
- (7) Discuss SUDS. Homework from last day

Homework:

- (1) Avoid defensiveness and apology
- (2) Practice being persistent
- (3) (Write out anecdote with start, middle and end and practice telling it)

SESSION EIGHT

Objective:

- (1) To learn to "sort issues"
- (2) To learn to "selectively ignore"
- (3) To learn to refuse requests and say no
- (4) To tell anecdote
- (5) Review self concept changes and anxiety management

Procedure:

- (1) Teach and demonstrate sorting issues and have them practice in triads. Select good example for whole class.
- (2) Same with selective ignoring
- (3) To teach refusal use groups of 6 and have them pressure one person at a time with lots of requests which they refuse
- (4) Discuss telling anecdotes and have them first practice in triads and then present to whole class
- (5) Discuss self concept changes and anxiety control

Homework:

- (1) Review goals for course
- (2) Bring in problems for role playing practice next day

SESSION NINE

Objectives:

- (1) To learn to handle criticism through negative enquiry
- (2) To develop negative assertion
- (3) To handle put downs

Procedures:

- (1) Teach and practice negative inquiry
- (2) Teach and practice negative assertion
- (3) Teach how to handle put downs and then practice a lot.
(Read "Asserting yourself" - Bowers)

Homework:

- (1) Review goals -- see accomplishment
- (2) Prepare for course evaluation and be ready to talk to whole class about their changes

SESSION TEN

Objectives:

- (1) Terminate on + note emphasizing gains and identifying "where to from here:
- (2) Debrief any remaining problems
- (3) Reteach any skills requested
- (4) emphasize that development will be gradual

Procedure:

- (1) Have each of them talk to whole group from front about how they have changed and where to from here
- (2) Spend a majority of class time discussing their progress with them
- (3) Make it light, happy and humorous
- (4) It is quite appropriate to arrange some form of social gathering at the end of class

APPENDIX C
IPAT ANXIETY SCALE

PREVIOUSLY COPYRIGHTED MATERIAL,
IN APPENDIX C, LEAVES 123 - 125,
NOT MICROFILMED.

Self Analysis Form, copyrighted 1957, 1963, by R.B. Cattell.
Published by the Institute for Personality and Ability Testing,
1602-04 Coronada Drive, Champaign, Illinois, U.S.A.
1957-63 edition.

APPENDIX D
TENNESSEE SELF CONCEPT SCALE

Fill in your name and other information on the separate answer sheet.

The statements in this inventory are to help you describe yourself as you see yourself. Please answer them as if you were describing yourself to yourself. Read each item carefully; then select one of the five responses below and fill in the answer space on the separate answer sheet.

Don't skip any items. Answer each one. Use a soft lead pencil. Pens won't work. If you change an answer, you must erase the old answer completely and enter the new one.

| RESPONSES | Completely False | Mostly False | Partly False and Partly True | Mostly True | Completely True |
|-----------|---------------------|-----------------|------------------------------------|----------------|--------------------|
| | C | M | | M | C |
| | F | F | PF-PT | T | T |
| | 1 | 2 | 3 | 4 | 5 |

TENNESSEE SELF CONCEPT SCALE

| | |
|--|----|
| 1. I have a healthy body | 1 |
| 2. I am an attractive person | 2 |
| 3. I consider myself a sloppy person | 3 |
| 4. I am a decent sort of person | 4 |
| 5. I am an honest person | 5 |
| 6. I am a bad person | 6 |
| 7. I am a cheerful person | 7 |
| 8. I am a calm and easy going person | 8 |
| 9. I am a nobody | 9 |
| 10. I have a family that would always help me in any kind of trouble | 10 |
| 11. I am a member of a happy family | 11 |
| 12. My friends have no confidence in me | 12 |
| 13. I am a friendly person | 13 |
| 14. I am popular with men | 14 |
| 15. I am not interested in what other people do | 15 |
| 16. I do not always tell the truth | 16 |
| 17. I get angry sometimes | 17 |
| 18. I like to look nice and neat all the time | 18 |
| 19. I am full of aches and pains | 19 |
| 20. I am a sick person | 20 |
| 21. I am a religious person | 21 |
| 22. I am a moral failure | 22 |
| 23. I am a morally weak person | 23 |
| 24. I have a lot of self-control | 24 |
| 25. I am a hateful person | 25 |
| 26. I am losing my mind | 26 |
| 27. I am an important person to my friends and family | 27 |
| 28. I am not loved by my family | 28 |
| 29. I feel that my family doesn't trust me | 29 |
| 30. I am popular with women | 30 |
| 31. I am mad at the whole world | 31 |
| 32. I am hard to be friendly with | 32 |
| 33. Once in a while I think of things too bad to talk about | 33 |
| 34. Sometimes when I am not feeling well, I am cross | 34 |
| 35. I am neither too fat nor too thin | 35 |
| 36. I like my looks just the way they are | 36 |
| 37. I would like to change some parts of my body | 37 |
| 38. I am satisfied with my moral behavior | 38 |
| 39. I am satisfied with my relationship to God | 39 |

| | |
|---|----|
| 41. I am satisfied to be just what I am | 41 |
| 42. I am just as nice as I should be | 42 |
| 43. I despise myself | 43 |
| 44. I am satisfied with my family relationships | 44 |
| 45. I understand my family as well as I should | 45 |
| 46. I should trust my family more | 46 |
| 47. I am as sociable as I want to be | 47 |
| 48. I try to please others, but I don't overdo it | 48 |
| 49. I am no good at all from a social standpoint | 49 |
| 50. I do not like everyone I know | 50 |
| 51. Once in a while, I laugh at a dirty joke | 51 |
| 52. I am neither too tall nor too short | 52 |
| 53. I don't feel as well as I should | 53 |
| 54. I should have more sex appeal | 54 |
| 55. I am as religious as I want to be | 55 |
| 56. I wish I could be more trustworthy | 56 |
| 57. I shouldn't tell so many lies | 57 |
| 58. I am as smart as I want to be | 58 |
| 59. I am not the person I would like to be | 59 |
| 60. I wish I didn't give up as easily as I do | 60 |
| 61. I treat my parents as well as I should (Use past tense if parents are not living) | 61 |
| 62. I am too sensitive to things my family say | 62 |
| 63. I should love my family more | 63 |
| 64. I am satisfied with the way I treat other people | 64 |
| 65. I should be more polite to others | 65 |
| 66. I ought to get along better with other people | 66 |
| 67. I gossip a little at times | 67 |
| 68. At times I feel like swearing | 68 |
| 69. I take good care of myself physically | 69 |
| 70. I try to be careful about my appearance | 70 |
| 71. I often act like I am "all thumbs" | 71 |
| 72. I am true to my religion in my everyday life | 72 |
| 73. I try to change when I know I'm doing things that are wrong | 73 |
| 74. I sometimes do very bad things | 74 |
| 75. I can always take care of myself in any situation | 75 |
| 76. I take the blame for things without getting mad | 76 |
| 77. I do things without thinking about them first | 77 |
| 78. I try to play fair with my friends and family | 78 |
| 79. I take a real interest in my family | 79 |
| 80. I give in to my parents. (Use past tense if parents are not living) | 80 |
| 81. I try to understand the other fellow's point of view | 81 |
| 82. I get along well with other people | 82 |
| 83. I do not forgive others easily | 83 |
| 84. I would rather win than lose in a game | 84 |
| 85. I feel good most of the time | 85 |
| 86. I do poorly in sports and games | 86 |
| 87. I am a poor sleeper | 87 |
| 88. I do what is right most of the time | 88 |
| 89. I sometimes use unfair means to get ahead | 89 |
| 90. I have trouble doing the things that are right | 90 |
| 91. I solve my problems quite easily | 91 |
| 92. I change my mind a lot | 92 |
| 93. I try to run away from my problems | 93 |
| 94. I do my share of work at home | 94 |
| 95. I quarrel with my family | 95 |
| 96. I do not act like my family thinks I should | 96 |
| 97. I see good points in all the people I meet | 97 |
| 98. I do not feel at ease with other people | 98 |
| 99. I find it hard to talk with strangers | 99 |

APPENDIX E
ADULT IRRATIONAL IDEAS INVENTORY

A-I INVENTORY - SCORES

ITEMS: 5, 8, 16, 35, 36, 44, 46, and 54 - ALL THESE ITEMS SCORE 1
for STRONGLY AGREE

THE REMAINING ITEMS SCORE 1 for STRONGLY DISAGREE

THE BEST POSSIBLE SCORE IS 60 (1 point for each item).

ADULT I-I INVENTORY

Read each of the following statements and decide how much you agree or disagree. Show your answer on the separate answer page.

Use the code shown below.

| | A | B | C | D | E |
|------------------------|-------|-------|-------|-------|-------|
| A. I strongly agree | _____ | _____ | _____ | _____ | _____ |
| B. I agree | _____ | _____ | _____ | _____ | _____ |
| C. Undecided | _____ | _____ | _____ | _____ | _____ |
| D. I disagree | _____ | _____ | _____ | _____ | _____ |
| E. I strongly disagree | _____ | _____ | _____ | _____ | _____ |

NOTE

Answer all the questions. (Mark only one choice for each question).

There are no right or wrong answers.

There is no time limit.

If you wish to change an answer, be certain to erase the undesired answer completely.

Because the inventory is to be machine scored a soft pencil should be used.

1. Jeers humiliate me even when I know I am right.
2. I worry about situations where I am being tested.
3. The best way to teach a child right from wrong is to spank him when he is wrong.
4. I must learn to "keep my head" when things go wrong.
5. I think I am getting a fair deal in life.
6. I worry about eternity.
7. I am happiest when I am sitting around doing little or nothing.
8. I prefer to be independent of others in making decisions.
9. If a person is ill-tempered and moody, he will probably never change.
10. I get very upset when I hear of people (not close relatives or close friends) who are very ill.
11. Crime never pays.
12. My family and close friends do not take enough time to become acquainted with my problems.
13. People who do not achieve competency in at least one area are worthless.
14. We are justified in refusing to forgive our enemies.
15. I frequently feel unhappy with my appearance.
16. I feel that life has a great deal more happiness than trouble.
17. I worry over possible misfortunes.
18. I often spend more time in trying to think of ways of getting out of something than it would take me to do it.
19. I tend to look to others for the kind of behavior they approve as right and wrong.
20. Some people are dull and unimaginative because of defective training as a child.
21. Helping others is the very basis of life.

22. School promotions should be for intellectual merit alone.
23. It is very important to me when I do a good job to be praised.
24. I find it difficult to take criticism without feeling hurt.
25. It is terribly upsetting the way some students seem to be
excessively protesting about one thing or another.
26. It is impossible at any given time to change one's emotions.
27. I tend to worry about possible accidents and disasters.
28. I need to learn how to keep from being too assertive or too bold.
29. To cooperate with others is better than doing what you feel
should be done.
30. Sympathy is the most beautiful emotion of man.
31. People who criticize the government are either ignorant or
foolish.
32. I wish that more affection were shown by members of my family.
33. When a person is no longer interested in doing his best, he
is done for.
34. I get very angry when I miss a bus which passes only a few
feet away from me.
35. My place of employment and/or my neighborhood provide adequate
opportunity for me to meet and make friends.
36. I can walk past a grave yard alone at night without feeling
uneasy.
37. I avoid inviting others to my home because it is not as nice
as theirs.
38. I prefer to have someone with me when I receive bad news.
39. It is necessary to be especially friendly to new co-workers and
neighbors.
40. The good person is usually right.
41. Sometimes I feel that ~~no one~~ loves me.
42. I worry about little things.

43. Riches are a sure basis for happiness in the home.
44. I can face a difficult task without fear.
45. I usually try to avoid doing chores which I dislike doing.
46. I like to bear responsibilities alone.
47. Other peoples problems frequently cause me great concern.
48. It is sinful to doubt the bible.
49. It makes me very uncomfortable to be different.
50. I get terribly upset and miserable when things are not the way I would like them to be.
51. I find that my occupation and social life tends to make me unhappy.
52. I am afraid in the dark.
53. Many people that I know are so unkind or unfriendly that I avoid them.
54. It is better to take risks and to commit possible errors, than to seek unnecessary aid of others.
55. I get disturbed when neighbors are very harsh with their little children.
56. I find it very upsetting when important people are indifferent to me.
57. I have sometimes had a nickname which upset me.
58. I have sometimes crossed the street to avoid meeting some person.
59. When a friend ignores me I become extremely upset.
60. My feelings are easily hurt.

APPENDIX F
CALIFORNIA PSYCHOLOGICAL INVENTORY

PREVIOUSLY COPYRIGHTED MATERIAL,
IN APPENDIX F, LEAVES 136 - 147,
NOT MICROFILMED.

California Psychological Inventory, by Harrison G. Gough, Ph.D.
Copyright 1956, by Consulting Psychologists Press, Inc., Great
Britain.

APPENDIX G
SEL EVALUATION BY GROUP LEADER

Trainer A

Some Thoughts on the SEL Program

- Based on an educational model:
 - 1) instructional component
 - 2) modelling component
(by instructor or others)
 - 3) behavioral rehearsal
(by student himself)
 - 4) at home activities
(homework exercises)
- In this instance, course was taught to student nurses, at times when demands on their time were quite heavy; attendance was very good, until the last few sessions, when seemingly the pressure of exams and upcoming exams, caused some to drop out of the course.
- I will evaluate each of the ten lessons individually, but first some overall comments:
 - the educational model is an effective, easy-to-teach-with model, that demands competence from the instructor. He has to convincingly demonstrate and model the skills and attitudes the course is attempting to teach.
 - by having people work in small groups together, and sharing their successes with the rest of the group, a strong sense of group and camaraderie is developed.
- The lesson plan format was helpful, i.e. use of Objectives, Procedure and Homework, made it much easier for instructor to determine the goals for each session. The description in each of these sections was quite brief, but generally adequate if the instructor had previously taken training from Jim Beaubien. A person who had not taken this training would probably find the material too sketchy to work with (which has good and bad points).
- I believe this series of 10 weekly sessions is quite adequate for teaching the basics of skill training and is a sufficient amount of time for people to make meaningful and lasting changes in their lives and relationships with other people.
- I would have no hesitation in recommending that people take this course and indeed have done so on several occasions.
- I would suggest a one-to-two month follow-up or ½ day to further strengthen learned skills and clear-up any problems.

Evaluation of Individual Sessions

Session One

- The objectives and procedure were about right for a first session
- I would suggest making this session "low-key", as many participants come with high anxiety.

- Also, emphasizing that course is at least 1/3 communication skill, but is not just communication skills, so that people with previous communication skills are forwarded, and that the instructor gains some idea of how much time should be devoted to this section.
- When participants introduced each other, I found it helpful to also have them state their expectations. I wrote these down on the board while they were stating them. I believe this helped bring the group together by helping each to realize that they weren't alone with their problems, fears, etc. I kept these goals and used them later in the course (to review progress).

Session Two

- Again, material to be covered was about right for this session.
- I found the second session to be too soon for discussing successes and rewards with this particular group -- instead of "reports" there were only embarrassed silences. By session three and four there were some spontaneous reports, but session two seemed too early for this group.
- This group also had had some training in communication skills, so they thought they were familiar with the skills in this session. In actuality, they really did need the practice, but as they had come for personal effective training not communication skills, it was hard to get them to "work" on these skills.
- The triadic working group is, I believe, excellent vehicle for teaching and learning communication and interpersonal skills.

Session Three

- Again, lesson is right length.
- I had previously introduced the 3 styles of behavior in lesson #1 so I reviewed this area briefly and also used the table similar to the one in Your Perfect Right where they talk about your feelings when you behave assertively, etc.
- When teaching any of the skills, I found modelling to be very important, whether it be myself or someone else in the class who did the modelling.
- Practice sessions were much more effective if exercises were related to their kind of work, situation, i.e. "Imagine receiving a compliment from your head nurse." How would you handle it?
- Receiving and giving compliments is a particularly valuable component of this session.

Session Four

- Again, the right amount of material for the lesson.
- The notion of the ABC's of behavior/behavior change, seemed well received.
- Although this particular group initially seemed to have difficulty

sharing their strengths, its final impact seemed very beneficial.

- I chose to end the session with sharing their strengths (to and on an up note) this seemed to work well.

Session Five

- This seemed like perhaps a bit too much material for this lesson, so I spent less time on reflective listening which this group claimed to have taken earlier in their training.
- By this session, the first few minutes of sharing successes and talking about problems, questions, etc. they become increasingly important.
- The group seemed to have enjoyed the discussion on manipulative plays.
- They found speaking on the topics in a hat quite hard, but once they did it, they almost all reported feeling quite proud of themselves.

Session Six

- Again, I found that there was a bit too much material.
- I had trouble getting the concept of irrational ideas across to the group (at least, so it seemed).
- Although the SUD's concept didn't seem to take, at first, as time went on in this and later lessons, we as a group referred to it more and more often -- i.e., "My SUD's level seemed quite high this time."
- Beginning, maintaining and ending conversations was a good exercise, particularly when we did it with the whole group. I did this exercise at the end to provide an ending on an "up" note.

Session Seven

- I spent too long on compiling a list of right and got rushed for time on the other exercises.
- The desensitization to criticism exercise was a good beginning, but could really only be an exercise that showed it was possible to be desensitized. Time was too limited to do any really effective desensitization in just part of one class session.
- Group seemed to enjoy practice "broken record". This seems to be a particularly important assertiveness skill, and as time went on the idea of being persistent seemed to really catch on (almost too much sometimes -- so that I had to say it was O.K. to make a reasonable or workable compromise).

Session Eight

- Material was a little rushed for this section, but not too bad.
- Would suggest stressing that the goal is open and honest

communication and that the skills are "tools" to help achieve this goal -- otherwise the tendency seems to be: 1) to aim only for one's own goals; 2) use one skill at a time and only one skill.

- Telling anecdotes is a really fun exercise and is really good for offsetting all the "work" we did in the classes.

Session Nine

- Session was quite straightforward and I had no trouble completing the exercises.
- I also reviewed the original goals of the participants -- I had saved the list. People were pleasantly surprised to see how far they had come.

Session Ten

- The idea of a gatherine, I think, is an excellent idea.
- I did not have people talk one-at-a-time to the whole group (we left to go to the party, but I think that would have been a good idea -- we did it informally at the party though).

Trainer B

Evaluation of the SEL Program

1. Size of Group

- initially, due to my inexperience, felt large
- allowed for an attrition (i.e. finished with an adequate size group)
- would have liked more variables (age, sex)

2. Format

- liked 2 hour sessions, weekly
- allowed for group involvement, internalization of information and the time span between sessions allowed for development of skills
- I felt that longer than a week between sessions tended to be a disadvantage (fewer successes voices, less enthusiasm at outset of session)

3. Program Contenta) Excellent Overall

- objectives are good to have, are realistic, keep leader on target
- good development, encourages participation from beginning, moves from easy tasks to more difficult and thus more involvement

b) Productive

- good balance of theory and practice
- concentrates on commitment, action and results
- specifically liked setting personal goals in the beginning
- liked working with theory, modelling, practice, homework system

c) Student Involvement High

- working with triads and different sizes of groups within group definitely promotes it
- found changing groups in the class very helpful and avoided aggressors taking over initially
- documented homework and success expectations seemed to guarantee success and behavior change

d) Flexible

- The outline allowed me, as a leader, to present the material in my own style, while still following the outline content (e.g. using own examples, sharing of self in presenting theory or modelling).
- authenticity prevailed
- felt part of the group
- really encourages leader to play an active role

e) Positive

- encourages enthusiasm in leader and group.
- encourages leader to believe in individuals (i.e. hears about successes)
- exercises provided for fun, a good time, identifying with others

Suggestions

- would like brief definition of communication skills, to be presented as terminology different from that I was accustomed to (e.g. reflection-feeling description)
- more handouts for group, written information on homework

4. Group Leader

- after taking your initial course does not have to do extensive preparation, course is skill orientated and pleasantly informal
- I believe in what I was teaching which is extremely important
- Resources -- it was very helpful to have another leader to prep and follow-up with. I could check things out while they were fresh in my mind.
- having you come prior to some class allowed for my self-development and increased my confidence as well as my degree of "preparedness"
- found the classes stimulating, felt a real "high" at the end of the class

Evaluations

- very helpful in terms of changes that made class more meaningful or productive
- a good idea for the end of each class

6. Items Specific to Group

I felt that the following things initially were an obstacle to group facilitation but once dealt with were an advantage:

- a) instructor present - initially hampered group in that students felt inhibited
- b) Because of common residence some individuals had roles or behaviors they felt appropriate to the group. Things I found difficult to deal with initially were giggling, individual conversations in progress when I was speaking to the group.
- c) Sharing successes at times seemed difficult because group knew each other or knew classmates.
- d) End of student year and exams influenced energy level

7. Physical Setting

Ample sized room with blackboard free from environmental distractions or noise essential.

8. Comments on Individual Sessions

a) Session One

- I would have liked more information on change myths
- I would have liked to discuss more on assertiveness training, stressing the idea that it is not "winning all the time"
- found goal sheet difficult to use (e.g. difference between thoughts, feelings, images, sensations -- it is better to have them write out their goals in their own way, I found
- really found introducing another person in the group worked out well.

b) Session Two

- group very involved and session went well. Liked content personally.

c) Session Three

- had difficulty completing this lesson in 2 hours
- working on compliments went really well
- good concrete homework

d) Session Four

- would have liked more background information on behavior change principles, e.g. suggested readings
- and ABC of behavior change
- shared strengths well, a very positive experience
- also needed more background on ISI

- good class -- enjoyed sharing content

e) Session Five

- needed your assistance with some areas of self concept especially how formed
- manipulative plays -- group enjoyed practicing and modelling those
- topics in hat went well, would be a good one to repeat later on when anxiety and even more

f) Session Six

- had difficulty covering material in 2 hours
- role played a problem of mine this really got group enthusiastic
- my understanding of irrational ideas varied slightly from yours; I suggest listing them in outline
- practicing requests was something group needed working on -- went well
- needed more information on SUDS -- would be good handout material. I found class started using this info in speaking about anxiety in future sessions
- I think in future groups it would be good to have relaxation tape available during class and actually practice relaxation which I didn't do because of time lacking

g) Session Seven

- group did very well listing rights, obviously previous sessions had made them really clear on this
- didn't have other lists to hand out but we discussed them (need handout)
- they were initially uncomfortable with criticism but, from feedback, found this a very constructive exercise both in giving and receiving. Excellent idea to finish with compliments -- makes it positive -- good session.

h) Session Eight

- protective skills went well
- I found it timely to stress compromise when appropriate (to
- refusing requests an excellent exercise, was beneficial
- anecdotes were enjoyable, practiced conversation skills and reviewed at this time, gave each other good feedback

i) Session Nine

- extremely helpful to students to practice negative inquiry, and negative assertion
- enjoyed practicing putdowns
- this session could have more material in it

j) Session Ten

- a good way to end
- suggestions on how to get non-drinkers to attend might be helpful, i.e. Think to mention that it would be assertive to come and not drink. I didn't think of it.

* Might be interesting to get together with group in September, would like to try it.

ABOVE ALL -- Thanks for the experience Jim -- it was very enjoyable and fulfilling.

CONGRATULATIONS ON A JOB WELL DONE!