Psychotherapy Guidebook

# ASSERTIVE BEHAVIOR THERAPY

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# **Assertive Behavior Therapy**

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# **Assertive Behavior Therapy**

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# **DEFINITION**

Assertive Behavior Therapy (also known as Assertiveness Training, Assertion Training, or Social Skills Training) is a procedure which trains the client in socially appropriate behaviors for self-expression of feelings, attitudes, wishes, opinions, and rights. Included in the procedure are:

Skills training, in which specific verbal and nonverbal behaviors are taught, practiced, and integrated into the client's behavioral repertoire.

Anxiety reduction, which may be achieved directly (for example, through desensiti-zation or other counter-conditioning procedures), or indirectly, as a by-product of skills training.

Cognitive restructuring, in which values, beliefs, cognitions, and/or attitudes that limit the client's self-expression may be changed by insight, exhortation, or behavioral achievements.

# **HISTORY**

Assertive Behavior Training procedures are rooted in behavior therapy. However, a considerable humanistic-gestalt influence is evident. Foundation for the process lies in Andrew Salter's Conditioned Reflex Therapy, which centered on making assertive (or "excitatory") behavior more spontaneous; and Joseph Wolpe's "psychotherapy by reciprocal inhibition," a counterconditioning technique which attempts to inhibit neurotic anxiety or fear by evoking other emotions.

More recently, my work with Michael Emmons and the work of a number of others (Alberti, 1977) have popularized the technique, integrated concepts and procedures from the humanistic-gestalt framework, and extended its application to a wide range of nonclinical "training" settings.

# **TECHNIQUE**

Techniques utilized in Assertive Behavior Therapy follow the three general forms noted above.

Skills training techniques include modeling, behavior rehearsal, systematic feedback and coaching, homework assignments, games and exercises, journals, and systematic assessment. Treatment of choice is often in a therapy or training group in order to provide an adequate social environment, except for highly anxious and inhibited clients. The emphasis is usually on rehearsal and coaching of behavioral skills required in

interpersonal situations. In simulated situations, the client is called upon to express positive or negative feeling toward another person, or to stand up for his/her rights. In addition, clients are urged to extend their new skills into life situations outside of therapy/training, and to report their progress.

Anxiety reduction techniques include the traditional desensitization procedures, as well as desensitization resulting from skill building and successful approaches to the actual feared situation.

Cognitive restructuring procedures include didactic presentations regarding individual human rights, social conditioning, values clarification, decision making. Barriers to individual expression — that is, society, culture, age, sex, socio-economic status, family — are examined and challenged against the standard of individual rights.

It should be noted that a variety of "games," "techniques," and "manipulation procedures" have, unfortunately, evolved in the wake of the popular interest in Assertive Behavior Training/Therapy. Responsible practitioners avoid any procedure which does not both enhance the client and respect the rights of others.

### **APPLICATIONS**

From its beginnings as a therapeutic procedure for pathologically

inhibited individuals, Assertive Behavior Therapy has found application far beyond its considerable value as a clinical tool.

In therapy, the procedure is useful with clients who suffer from moderate to severe social inhibition due to anxiety, skill deficits, or faulty belief/attitude systems. It is, as any therapeutic tool, best applied after careful assessment, and in conjunction with other techniques appropriate to meeting the client's needs.

As a training procedure, assertive skills training has been effectively utilized in women's organizations, management training, children's programs, and minority rights groups. Other applications have included health-care personnel, delinquent youth, alcoholics, couples, divorced people, job seekers, employees, phobics, overweight persons, the handicapped, senior citizens, prisoners, and correctional institution staff, among others.