

Effectiveness of Assertiveness Training on Assertive Skills among Alcoholic Patients

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1. Introduction

Alcoholism is one of the major health and social problems seen all over the world. The problem of alcoholism is not just related to the alcoholics alone but also the lives of those around them are adversely affected. The vicissitudes of alcoholism are multifold causing significant morbidity personally and socially.⁵

According to the Hindustan Times it is estimated that around 1% of the population in India, can be classified as being alcohol-dependent. This translates into about 5 million people dependent on alcohol.⁶

Studies in Northern India found the 1 year prevalence of alcohol use to be between 25 and 40%. In Southern India, the prevalence of current alcohol use varies between 33 and 50%, with a higher prevalence among the lesser educated and the poor.⁶

The costs to society of alcohol, tobacco and drug abuse are prodigious (US Department of Health and Human Services, 1998) and occur in a wide range of domains (e.g., excessive morbidity and mortality; lost productivity at work; social and personal disruption to individuals and their families). With one in three people in India falling below the poverty line, the economic consequences of expenditures on alcohol attain special sequences.

It has become increasingly evident that legal sanctions and moral pressures have not provided an adequate remedy for this problem. In recent years there has been a movement away from a generalized treatment to "psychotherapy" for emotional, intellectual, or behavioural disorders. Clients who benefit from therapy regardless of the type of treatment they undergo, often state that they have become less inhibited, more outspoken, and able to stand up for their rights. Clinicians have recognized that various procedures subsumed under the heading of assertive training can be effectively utilized to help alcoholic clients achieve a greater degree of self-esteem and emotional freedom.⁹

Assertiveness training, in effect, permits clients to simulate problem situations and to practice new ways of responding without concern or anxiety for the immediate real-life consequences of their experimental behaviour. Only after clients develop proficiency and confidence in their responses do they attempt to transfer them to real-life situations.¹¹

Clinical evidence suggests that interpersonal situations requiring an alcoholic to respond assertively (i.e., direct expression of personal rights and feelings) are often stressful

and frequently lead to drinking episodes. Alcoholics whose drinking behaviour temporarily has been controlled' are unlikely to remain abstinent for long if they lack the behavioural competencies for securing gratification while sober. Therapeutic attention, therefore, is most profitably directed toward building up a repertoire of coping techniques for use in problem situations in the community. Given more effective and rewarding means of dealing with environmental demands, individuals will have less need to resort to self-anesthetization against everyday life experience.

The literature indicates that alcoholic patients experience problems related to being non-assertive. Thus there is a need to develop a comprehensive program to train the alcoholic patients in assertiveness and related skills.

Hypothesis

Null Hypothesis

Null hypothesis states that there will be no significant effect of assertiveness training on assertive skills among alcoholic patients.

Alternate Hypothesis

Alternative hypothesis states that there will be significant effect of assertiveness training on assertive skills among alcoholic patients.

2. Review of Literature

Nelson JE. Howell RJ et al. (1982)

The study compared two different form of assertiveness studying program in an inpatient ward at the VA hospital. Alcoholic subjects were pretested on self-report, behavioural, on obtrusive measure of assertiveness and randomly assign to one of three conditions rehearsal group, modelling, group of discussion control group, six 1 hour group assertiveness training session were held over a 2week period. On completion of the assertiveness training, trained subject, scored significantly higher on the measure of assertive then did control and more abstinent days then controls. At the 2 month follow the interview from date of discharge.

A A adinolf WF MC court S Geoghegan et al. (1983)

The purpose of the study was to determine the effectiveness of group assertiveness training for alcoholics. 6 men alcoholics showed increase in assertiveness and improvement of social and occupation states ascending a group assertiveness training program.

Ferrell and Galassi et al. (1981)

The study examined the effects of assertion training to reduce drinking behaviour and increase interpersonal skills among a sample of skill deficient chronic alcoholics result showed that, the treatment group which contained the assertion training demonstrate significant gains in interpersonal skills as compared to the treatment group which contained the human relations training. At 2 year follow up indicate that assertion training group sobrieties significantly longer then the human relation group.

S M Hirsch R von Rosenberg C phelan H K Dudley et al. (2015)

The study examined the effectiveness of assertiveness with alcoholics. Alcoholics who received 10 hours of assertiveness training scored significantly higher than controlled and minimal training groups on 3 measures of assertiveness.

Marlatt & Gordon, et al. (1985)

This study examined 3 outcomes of assertion training considered relevant for alcoholics (a) assertive behaviour in negative situation (b) discomfort in negative situation that all for assertive behaviour in sober reses intoxicated states. Rathus assertiveness schedule was administrated to assess the level of assertive skills among alcoholics patients subjects were 38 male alcoholics in an inpatients program. Some behavioural competencies were acquired after assertion training.

Hamilion, Fletcher. Maisto, Stephen A. et al. (1979)

This study conducted 20 male alcoholics and matched group of 20 non alcoholic drinkers (mean 50.0 and 49.6 years respectively) were assessed on self report and behaviour test of assertive and behaviour discomfort. Although there is no group differences in assertive behaviour alcoholics reported more assertive discomfort on both tests. Findings suggest assertive training with alcoholic should focus on reducing psychological discomfort in assertion-required situations.

Manti (1990)

This study compared two elements of skills training, found that in patient alcoholics who received communication skills training with or without family involvement consumed significantly less alcohol than those who received cognitive-behavioural mood management training as treatment adjuncts the communication skills training group showed the most improvement in observer rated skill, and these skills rating predicted better outcome.

Tian P.S. Oei, Paul Jackson.et al(1989)

This study examined the short and long term effects of group and individual social skills training. Compared to traditional supportive therapy (TST) on 32 chronic alcoholics 4 groups are matched subjected received 24 hours of either group are individual SST or group individual TST, changes in alcohol intake, various social skills and personality were measured pre and post treatment (3,6 and 12 months following treatment) SST trained subject improved significantly more than subjects receiving. TST on all measure throughout the 12 months period. Also subject receiving group SST scored consistently better than those receiving individual SST on all

measure except on the alcoholic intake and some personality measure.

Freed berg, Edmund, J. Johnson, William E.et al (1989)

This study conducted effect of assertiveness training for 101 alcoholics Ss (mean age 46.1 years) participating in an intensive 3 week program. 56 received assertion training and 45 did not. All Ss were asked to take part in a 1 year follow up program during which data were collected on during behaviour, and psychological functioning, Ss who received assertion training achieved better result on all 4 outcome measure. While several recent studies have suggested that specific treatment procedure have little effect outcome. The present study indicates that assertion training in a comprehensive program significantly improve outcome.

3. Methodology

The purpose of the study is to determine effectiveness of assertiveness training on assertive skills among alcoholic patients.

Research Design

The present study was two groups, pretest and post test quasi-experimental design.

Control group = Pretest → Post test

Experimental group = pretest assertiveness training post test.

Study Setting

Manoraksha, Mental Health Centre, Salem.

Sampling Method

Convenient sampling

Sample Size

30 subjects

Study Duration

Total duration of the study is 3 months.

Intervention Period

1 month 1 week, totally 10 sessions, weekly 2 sessions, 1 hour session per day,

Selection Criteria

Inclusion Criteria

- Alcoholic individual with the age group of 25-61
- Only males.
- Alcoholic individual in de-addiction rehab setup.
- Able to read and write English language.
- Willing to participate in the study.

Exclusion Criteria

- With severe psychotic symptoms withdrawal symptoms.
- Severely agitated or violent not cooperative.
- Individual below 25 and above 61.
- Females are not included.

Materials Required

Rathus assertiveness schedule.

Instrumental and Measurement Tool:

Rathus Assertiveness Schedule (RAS). (1973) Rathus developed a 30-item scale (see Appendix B) that is based in part on assertive questions previously used by Wolpe and Lazarus (1966) and Wolpe (1969). Each statement is rated with a Likert Scale ranging from +3 to -3. The possible total score can range from -90 to +90.

Procedure

Totally 30 subjects are selected according to inclusion criteria. The subjects assertiveness level is measured using Rathus assertiveness schedule. The samples are divided equally, 15 samples in the control group and 15 samples in the experimental group. After the baseline data is obtained the experimental group underwent assertiveness training sessions. The therapy consists totally 10 sessions 2 sessions per week each session last 1 hour. After the sessions Rathus assertiveness schedule is again administrated, to get the post test values. The pre and post test values are used to find out the result of the study.

Intervention:

Assertiveness Training

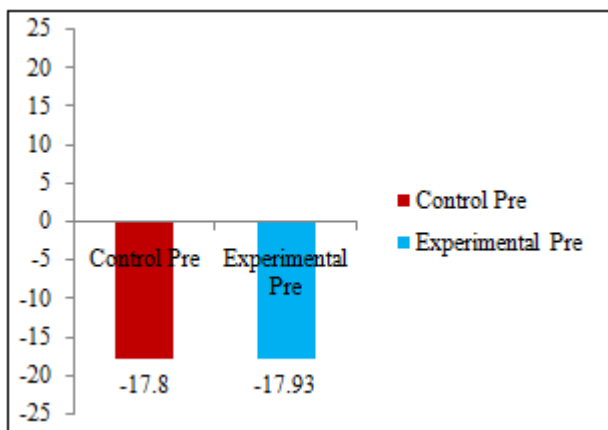
The researcher used all the component of assertive training modelling, coaching, role-play, instructions, behavioural rehearsal, feed-back, and graded-structure exercise. Techniques like. Fogging, broken record, and negative assertion were employed.

4. Data Analysis and Results

Table 1: Comparison between pre-test values of control group and experimental group Rathus Assertiveness Schedule

Group	Test	Mean	S.D value	't' value	'p' value
Control group	Pre test	-17.80	10.53	0.0871	0.9318
Experimental group	Pre test	-17.93	10.03		

Table 1: shows the comparison of control group and experimental group pre-test mean value of Rathus Assertiveness schedule mean value -17.80,-17.93 and "t" value is 0.0871, "p" value is 0.9318, which shows it is not statistically significant.

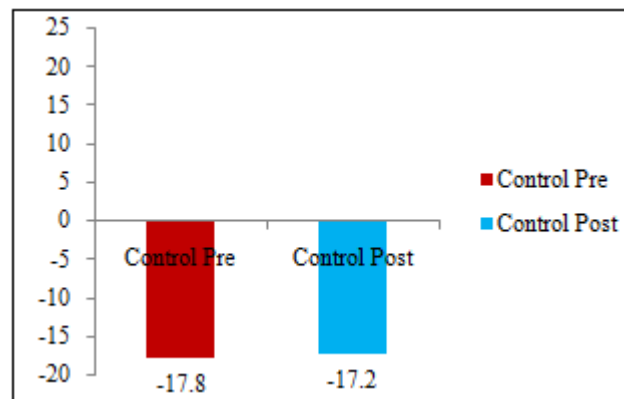


Graph 1: Comparison between pre-test values of control group and experimental group

Table 2: Comparison between pre and post test values of control group Rathus Assertiveness Schedule

Group	Test	Mean	S.D value	't' value	'p' value
Control group	Pre test	-17.80	10.53	0.5713	0.5768
Control group	Post test	-17.20	9.58		

Table 2: shows the comparison of control group pre and post test mean value of Rathus assertiveness schedule is -17.80, -17.20 and "t" value is 0.5713, "p" value is 0.5768, which shows it is not statistically significant.

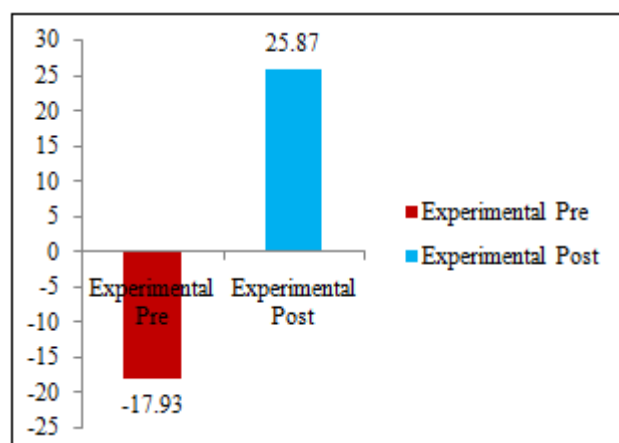


Graph 2: Comparison between pre and post test values of control group Rathus Assertiveness Schedule

Table 3: Comparison between pre and post test values of experimental group Rathus Assertiveness Schedule

Group	Test	Mean	S.D value	't' value	'p' value
Control group	Post test	-17.20	10.53	14.0222	0.0001
Experimental group	Post test	25.87	6.60		

Table 3; shows that comparative analysis of Experimental group pretest and post test mean values of Rathus assertiveness schedule is -17.93,25.87, and "t" value is 15.8661 and "p" value is 0.0001. which shows it is statistically significant.

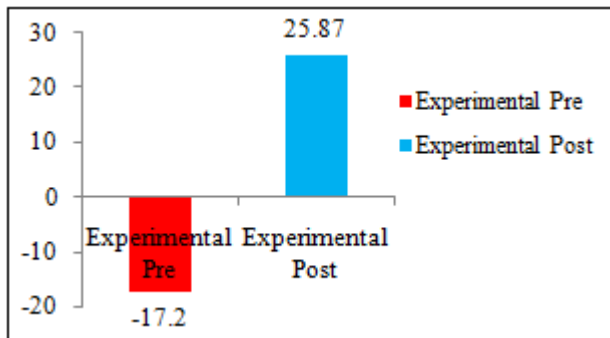


Graph 3: Comparison between pre and post test values of experimental group

Table 4: Comparison between post test values for control and experimental group Rathus Assertiveness Schedule

Group	Test	Mean	S.D value	't' value	'p' value
Experimental group	Pre test	-17.93	10.03	15.8661	0.0001
Experimental group	Post test	25.87	6.60		

Table 4: Shows comparison of control group and Experimental group post test mean value of Rathus assertiveness schedule is -17.20, 25.87, and “t” value is 14.0222, “P” value is 0.0001, which shows it is statistically significant



Graph 4: Comparison between post test values for control and experimental group

5. Discussion

The purpose of the study is to determine the effectiveness of assertiveness training on assertive skills among alcoholic patients.

Rathus assertiveness schedule is the pretest and post test measurement tool. This scale is used to evaluate the level of impairment in assertiveness skills among alcoholic patients.

Initially alcoholic patients were selected based on the inclusion criteria were assessed using the Rathus assertiveness schedule to get the pretest values. Assertiveness training sessions were scheduled and administered for one month, 2 sessions per week in alternative days each session last for 1 hour and after the treatment sessions the post test values were collected and tabulated.

Table 1: Graph 1: shows that comparison between control and experimental group pretest score mean values -17.80, -17.93; and ‘t’ value is 0.0871, ‘p’ value is 0.9318, the table value is 2.05; the t value is lesser than the table value, which shows it is not statistically significant and there is no difference between pretest values of control and experimental group. It denotes that there is no difference between control and experimental group subjects.

Table 2: Graph 2: shows comparison between control pretest and post test scores the mean values are -17.80, -17.20, respectively and t value is 0.5713 and p value is 0.5768 and the corresponding table value is 2.15, the calculated t value is lesser than table value It shows there is no significant difference between pre and post test scores of control group.

Table 3: Graph 3. shows comparison between experimental group pretest and post test scores the mean values are -17.93, 25.87, respectively and t value is 15.8661 and the p value is 0.0001 and the corresponding table value is 2.15 hence the calculated t value is greater than the table value it shows there is an extremely significant difference between

pretest and posttest values experimental group. So the experimental group has significant improvement.

These results are supported by the study done by A A adinolf WF MC court S Geoghegan et al. (1983)

The purpose of the study was to determine the effectiveness of group assertiveness training for alcoholics, alcoholics showed increase in assertiveness and improvement of social and occupation states ascending a group assertiveness training program.

Table 4: Graph 4: Shows comparison between control and experimental post test score mean value -17.20, 25.87 respectively t value is 14.0222 and p value is 0.0001 and the corresponding table value is 2.05, hence the calculated t value is greater than table value. It shows there is significant difference between post test values of control and experimental group.

These results are supported by the study done by S M Hirsch R von Rosenberg C phelan H K Dudley et al. (2015)

The study examined the effectiveness of assertiveness with alcoholics. Alcoholics who received 10 hours of assertiveness training scored significantly higher than controlled and minimal training groups on 3 measures of assertiveness.

The result of the study showed that the experimental group has extreme significant improvement than the control group: hence assertiveness training is effective in improving assertive skills among alcoholic patients thus proving alternate hypothesis and rejecting null hypothesis. The findings suggest that assertiveness training is effective in improving assertive skills among alcoholic patients.

6. Conclusion

From this study it is concluded that assertiveness training is effective in improving assertive skills among alcoholic patients.

7. Limitations and Recommendations

Limitation

- Study is done with a limited sample size
- Not compared with other treatment methods.
- Study is done for a short duration of time.

Recommendation

- The study can be done on a large sample size.
- Follow up can be recommended.
- Study can be repeated with comparison on other treatment techniques.

8. Acknowledgement

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