



RESEARCH PAPER

Effectiveness of Assertive Training in Developing Social-Emotional Competencies among Adolescents

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ABSTRACT

Adolescence is a developmental stage of transition from childhood to early adulthood carrying immense stress and pressure among growing youngsters. The elevated level of excitement often leads to emotional sensitivity and social problems among the growing adolescents. The present research aimed to determine the effectiveness of assertive training as an intervention to develop and improve social emotional competences among adolescents in Sialkot, Pakistan. The quasi-experimental design (pre-test - post-test with control test) was used. Data was collected by using simple random sampling technique. A sample of 40 adolescents was obtained and was further divided into two groups: experimental group was comprised of 20 participants (girls= 10, boys= 10) and control group with the same number. A demographic sheet and Social-Emotional Competence Questionnaire (SECQ) were used for data collection. The experimental group attended assertive training while the control group did not receive treatment. Paired sample t-test showed statistically significant difference in means of overall score of SEC before and after treatment ($t = -15.50, p = .000$). Moreover, the pre-post difference on the level of dimensions of social emotional competence was highly significant (pairwise t-tests; all $p < .05$) in the intervention group except on the dimension of decision making with ($t = 1.67, p = .110$). The findings of the experiment concluded that assertive training significantly improved the overall social emotional competencies among adolescents.

Introduction

World Health Organization (2016) defines adolescence as a developmental phase ranging from 10 to 19 years comprising various developmental aspects

including physical, psychological, social and cognitive functioning. Modern life stressors and pressures, changing societal and emotional demands are contributing as major risk factors for the development of emotional and behavioral problems among children as well as adolescents (Caspi, Taylor, Moffitt, & Plomin, 2000). It will be appropriate to discuss adolescence as a period of a general “emotional rollercoaster” state of change where mature cognitive changes is observed (Kruger, Gouws, & Dicker, 2011). The development of social emotional competence among adolescents is a key challenge because they enter the social set up and face the complex demands of the social circle (Mendez, McDermott, & Fantuzzo, 2002). In this regard, the development of social-emotional competence can be a protective factor for adolescents for the prevention of serious emotional and behavior difficulties in later life.

Social competence is set of abilities in which one understands another person’s perspective related to the situation and context (Semrud-Clikeman, 2007). Social competence is also being defined as a complex system of social skills, knowledge, habits and abilities (Nagy, 2007). Saarni (2000) has defined emotional intelligence as an ability to identify emotions, to express feelings, to regulate and understands one’s own emotions and others’ emotions. The concept of emotional competence is associated with different abilities comprised of the processes as emotional understanding, emotional knowledge, emotional management, emotional comprehension, emotional intelligence and emotional regulation (Roazzi et al., Djambazova-Popordanoska, 2016). Adolescents who face emotional issues may have difficulty in the perception, expression, comprehension and management of emotions.

Development of Social Emotional Competences

A study by Jones, Greenberg and Crowley (2015) suggested significant relationship among social emotional skills, health and future wellbeing among children. There is an evidence suggested that exposure to intervention results in more socially competent children than those who were not exposed to intervention (Domitrovich, Cortes & Greenberg, 2007). Nix, Bierman,. Sancassiani et al (2015) concluded that development of social and emotional skills leads towards positive development and wellbeing among youth.

There is no prior research evidence found on using assertive training as an intervention program to develop social emotional competencies. It’s a very first attempt to investigate the effectiveness of assertive training program in developing and enhancing social emotional competence among adolescents. The current study designed to develop these skills among adolescents by using Assertive training as an intervention program to increase academic performance, to decrease the probability of the later emotional problems (e.g anxiety, stress), social and behavioral issues. The study was followed by CASEL Model (The Collaborative for Academic, Social, and Emotional Learning) model in our Pakistani context. The CASEL constitute on the five related domains of SEC in this framework: self & social awareness, self & relationship management and decision-making ability (Oberle et al. 2016).

Assertive Training

Assertive training is an intervention technique widely used to improve the social relations and in the treatment of anxieties and other emotional problems in children, adolescents and adults (Mehrabi Zade, Taghavi, & Attari, 2009). Literature evidence on assertive training was found to be useful in development of social skills of adolescents, promote interpersonal relationships. It reported to improve the mental health, self-esteem, affective in dealing risky behaviors and reduces psychological and emotional distress (Tannous, 2015). Eslami, Rabiei, Afzali, Hamidizadeh and Masoudi (2016) concluded that the students who received assertive training showed less anxiety, stress and depression than the students who did not receive treatment. Noghabaei and Azar (2015) found significant improvement of female students' emotional Quotient after receiving treatment. Keliat, Tololiu, Daulima and Erawati (2015) concluded that assertive training prevents bullying among adolescents.

Hypothesis

- Social emotional competence will be significantly improved after receiving assertiveness training among adolescents in experimental group.
- There will be significant improvement in the scores of dimensions of social emotional competence after receiving treatment in the experimental group.

Material and Methods

Research Design

The current research was based on quasi-experimental design (pre-test – post-test with control test) to achieve the objective of the study. The population of the current research was all adolescents in Sialkot City within the age range of 15 to 18 years.

Assertive training Modules

The participants of experimental group received Assertive training which included a range of behavioral and cognitive methods and procedures (worksheets) including recognizing Unassertive thinking, thought diaries, behavioral experiments, negative feeling assertion, progressive muscles relaxation, deep breathing, saying “No” assertively, dealing assertively with criticism, dealing with disappointment assertively, dealing assertively with compliments, rating assertiveness in different situations etc to improve the social and emotional competences of participants of the experimental group.

Sample

The simple random sampling technique was used by selecting a sample from different govt. and private schools and colleges of the city. Initially 310 adolescents responded on the scale. Later, 40 adolescents with lowest score on these competences were screened out and placed in Experimental group (N=20, Girls= 10 & Boys=10) who received treatment. On the other hand, the control group (N=20, Girls= 10 & Boys=10) received no treatment.

Instruments

Screening of all adolescents was carried out by collecting data from the self-report scale. A Performa was developed by consulting existing literature. The Social-Emotional Competence Questionnaire (SECQ) developed by CASEL (2008) comprised of 25 items was used. It is based on five different dimensions: self-awareness, self-management, social awareness, relationship management and the dimension of decision-making. The reliability of the instrument was found 0.77 and good construct validity (Zhou & Ee, 2012). The scale was translated into Urdu for the use of current population after getting permission by the author. The alpha reliability of this scale is a .708 for the current study with 310 adolescents.

Procedure

The sampling of participants and allocation of the subjects was followed by the process of randomization. Three selected institutes focusing on general introduction, establishing rapport as well administration of SECQ to 310 adolescents. To ensure that every participant got an equal chance selection in the sample, the word 'experimental' and 'Control' were written on slips and placed into a bowl. After reshuffling, participants were asked to pick the slips of both genders separately. Participants were therefore, assigned into treatment and control group.

Pre-treatment Stage

At the very initial stage, the adolescents were given instructions to fill the demographic sheet and SECQ. The participants were instructed to complete the items as soon as possible.

Treatment Stage

The participants of experimental group received assertive raining which was based on a range of behavioral and cognitive methods. The experimental group received the following intervention techniques in overall 8 sessions (60 minutes per session) during treatment. The sessions included an exercise of "rating your assertiveness in different situation", progressive muscles relaxation, exercise of though diary, behavioral experiment, the exercise of saying "No", practicing "dealing with criticism", dealing with disappointment and giving and receiving compliments

more assertively. All the training modules were put together in the last session. The participants were asked to redo the practice sheet done in the second session previously. The participants were asked to rerate the assertiveness in various situations they have previously rated before training.

Sessions in Treatment Process

The experimental group received the following intervention techniques in overall 8 sessions (60 minutes per session) during treatment.

First Session: In the very first session, each of the participant from experimental group was interviewed individually about those items on which they significantly scored low on competences. Detailed intake form was got filled by the participants. Each of the group member was introduced about the research objectives, their participation in research.

Second Session: based on previous session, the most immediate problem was prioritized first to resolve with mutual goal setting with the participant. They went through an exercise of "rating your assertiveness in different situation". The participants were encouraged to discuss the individual's rights, and they were given awareness of their own rights. They were guided to identify some daily life problematic situations and present appropriate and acceptable responses in those situations.

Third Session: Participants were asked to identify a situation to practice and discuss alternative ways on thinking about that situation through thought diary process. Worksheet exercise was comprised on two parts: "understanding reaction" and "disputing/challenging your unassertive thoughts".

Fourth Session: Behavioral experiment was conducted in which the participants were asked to think about a situation and practice it in their daily life. The steps included identification of unhelpful behaviors, realistic prediction, helpful behaviors, setting experiment, carry out the experiment and evaluation of results.

Fifth Session: Giving participant report and feedback on their homework. Further, the participants went through the exercise of saying "No". Discussed the effects of not able to say "no" in their situations, identification of unhelpful beliefs and changing the thinking and practice of saying "no" in different situations from their daily life.

Sixth Session: was comprised of practicing "dealing with criticism". Identification of participants' responses on criticism, unhelpful beliefs about criticism, identification of helpful thinking to respond appropriately to criticism. Homework assignment on thinking about dealing with criticism on worksheets and practice it.

Seventh Session: was comprised of two activities on dealing with disappointment and giving and receiving compliments more assertively. It was not

restricted to give both activities to participants. It was decided on the individual case nature and need.

Eighth Session: All the training modules put together in the last session. The participants were asked to redo the practice sheet done in the second session previously. The participants were asked to rerate the assertiveness in various situations they have previously rated before training.

Post-treatment Phase

At post- testing phase, the participants of both groups were reassessed with (SECQ) to monitor the changes in their competencies.

Results ad Discussion

Table 1
Frequency and percentage of Demographic Characteristics of the adolescents of Experimental group and Control group (N =40)

Variables	Categories	Experimental Group f (%)	Control Group f (%)
Gender			
	Male	20 (50%)	20 (50%)
	Female	20 (50%)	20 (50%)
Grade			
	10 th	4 (20%)	5 (25%)
	11 th	8 (40%)	8 (40%)
	12 th	6 (30%)	4 (20%)
	B.S 1st	5 (10%)	3 (15%)
Age			
	15	5 (25%)	4 (20%)
	16	8 (40%)	9 (45%)
	17	5 (25%)	5 (25%)
	18	2 (10%)	2 (10%)
Family setup			
	Joint	11 (55%)	07 (35%)
	Nuclear	09 (45%)	13 (65 %)
Living Area			
	Urban	10 (50%)	11 (55%)
	Rural	10 (50%)	09 (45%)
Institutional Category			
	Govt /Public	17 (85%)	19 (95%)
	Private	03 (15%)	01 (5%)

Note= f= frequency, %= percentage

Table 2

Results of paired sample t-test and Descriptive Statistics for SEC pre-treatment and post-treatment among adolescents in experimental group and control group (N= 40)

SEC	n	Before intervention		After intervention		t	p
		M	SD	M	SD		
Experimental Group	20	80.10	8.38	110.10	6.06	-15.50	.000
Control Group	20	77.95	7.71	76.40	9.68	1.10	.285

* $p < .05$.

Table 3

Descriptive Statistics and paired sample t-test for dimensions of SEC pre-treatment and post-treatment among adolescents in experimental group. (N= 20)

Experimental Group	n	Before intervention		After intervention		t	p
		M	SD	M	SD		
Self-Awareness	20	17.50	2.94	23.00	2.63	-13.72	.000
Social Awareness	20	16.45	2.32	23.10	2.53	-18.23	.000
Self-Management	20	10.75	3.40	20.15	1.98	-13.26	.000
Relationship Management	20	17.50	3.74	23.20	2.72	-10.30	.000
Decision Making	20	21.80	5.06	20.65	3.75	1.67	.110

The Table 1 shows that the demographic characteristics of the current sample. Table 2 showed computed data of paired sample t-test with ($t = -15.50$, $p = .000$) and significant differences in means of SEC before ($M=80.10\%$) and after treatment ($M = 110.10\%$) respectively confirming the hypothesis of study. The mean score in the experimental group on SEC rose significantly higher after receiving the intervention. On the other hand, there is no significant difference in the scores of control group. The results of the table 3 showed that means of pre-post difference on the level of dimensions of social emotional competence were highly significant (pairwise t-tests; all $p < .05$) in the intervention group except the last dimension of decision making ($p > .05$). The results of the table 4 showed that there were no significant differences of pre and post treatment on the dimensions of self-awareness, self-management and social awareness (pairwise t-tests; all $p > .05$) in the control group. But there found statistical differences on two dimensions: relationship management and decision making (pairwise t-test; all $p < .05$).

Discussion

The current research examined the role of assertive training in developing social emotional competences among adolescents in Sialkot. The first hypothesis was accepted as results showed statistically significant difference in means of Social Emotional Competences before ($M=80.10\%$) and after treatment ($M= 110.10\%$) with ($t = -15.50$, $p = .000$) respectively. The reason might be that the assertive training extensive modules were designed to increase and develop better social skills without being fearful. Secondly, assertive training may be a necessary element in bringing

about change in adolescent's social lives. Further, adolescence is a transition period of development, it may seriously require coping skills to better function socially and emotionally. At this time, appropriate use of assertiveness resulted into better functioning. Thus, it can be said that the developmental stage demands, and this treatment program may have significantly affected the findings. These findings are consistent with some previous evidence which indicated that the assertive training as an intervention had a significant effect on the treatment group (McNeilly & Yorke, 1990). Kim, (2003) indicated that those who receive treatment had significant positive change in social skills among visually impaired adolescents. Asrowi, (2013) administered assertive training on communication skills revealed significant improvement on student's performance. Moreover, assertive training proved to be a significant contributor in developing social skills among participants (Agbakwuru & Stella, 2012).

Moreover, there were statistically significant difference in means of dimensions of SEC before and after treatment among adolescents in the experimental group. On the first dimension of self-awareness, the mean score before ($M=17.50\%$) and after treatment ($M= 23\%$) with ($t = -13.72, p = .000$) respectively. The mean scores are significantly improved on this component after receiving treatment. The dimension of self-awareness within the social emotional competences includes the skills related to the recognition of one's own potentials, strengths and weaknesses and emotions. There is no direct evidence in the literature which shows that self-awareness is studied with assertive training earlier. But some of the evidence related to the construct of self-awareness are tested as self-esteem, self-efficacy and self-actualization. Assertive training improves the scores on variables like self-esteem, self-concept which lead to self-awareness among individuals. Starke's (1987) study findings suggested the effectiveness of assertiveness in enhancing social skills and self-perception among physically disabled young adults. Lin, et. al. (2004) reported significant increase on self-esteem and interpersonal skills by assertive training. Akbari, Mohamadi and Sadeghi, (2012) suggested significant improvement on the level of self-esteem and self-efficacy.

The second dimension of SEC is Social awareness. The mean score has significantly improved as before ($M=16.45\%$) and after treatment ($M= 23.10\%$) with ($t = -18.23, p = .000$) respectively. The significance of the findings might be due to the reason that assertive training mainly designed to enhance the social skills of the individuals followed by the theoretical model of CASEL (2008). The concept of social awareness is linked with the construct of empathy (Eisenberg & Miller, 1987). Therefore, assertive training significantly improved this domain making the participants better able to understand other feelings and emotions to deal with them affective.

On the third dimension of self-management, the mean score is significantly increased as before ($M=10.75\%$) and after treatment ($M= 20.15\%$) with ($t = -13.26, p = .000$) respectively. This might be due to the use of training modules: deep breathing,

progressive muscles relaxation with thought diaries to reduce their symptoms of stress and anxiousness while dealing in social situations. As self-management includes all the abilities related to manage and control one's emotions. These findings are consistent with (Babayi and Rahmati, 2014; Manesh et. al, 2015).

On the fourth dimension of relationship management, the mean score is significantly higher as before ($M=17.50\%$) and after treatment ($M= 23.20\%$) with ($t = 10.30, p = .000$) respectively. This significant improvement on the scores might be due to the reason that students have to interact with their peers, friends and teachers on the daily basis. Due to their developmental transition phase, they made more friends and involve in groups. Assertive training improved their relations with others by expressing themselves in an appropriate manner, to realize the importance of their own rights while giving respect to others, to empathize with the feelings of others and dealing with them accordingly. The current findings are consistent with the findings of the study by Nnodum (2010) suggested that assertive training has significant affect in acquiring interpersonal and social skills.

On the fifth dimension of decision making, the mean score is not significantly higher as before ($M=21.80\%$) and after treatment ($M= 20.65\%$) with ($t = 1.67, p = .110$) respectively. The result might be due to the reason that we belong to a society where children and adolescents are not encouraged for independent decision making. It makes the adolescents to depend on elders to take decisions about their own lives. They are strongly discouraged culturally to make choices with discussing or taking opinions of others. Therefore, the training might have not worked in current sample due to this cultural and societal barrier where adolescents are brought up and trained to depend on parents and other authority figures while taking important decisions in life.

Conclusion

The current research evaluated the effectiveness of assertive training to develop and improve social-emotional competencies among adolescents. Based on main findings, it suggests that assertive training program is effective in developing social emotional competences among adolescents.

Recommendations

There is a dearth of evidence in literature on adolescents' social and emotional management in the context of Pakistan. Therefore, the current study recommends conducting more studies in this regard. It is also recommended to design such training programs for youngsters where school psychologists, educators, counselors, teachers, parents and peers should be involved. All the policy makers and the stakeholders who work for youth should update their knowledge, skills and competencies for better psychological wellbeing of the adolescents. Psychologists, counsellors, school psychologists should be skillful enough to design and implement these trainings to help growing adolescents to improve their social skills, emotional management, relationships and overall healthy psychological wellbeing. It is worth noting that this

research can be implemented such as the use of this assertive training program as a non-medical procedure for adolescents.

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