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**AN ASSERTIVENESS SCALE FOR ADOLESCENTS**

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This study developed a situation-specific instrument that measures assertiveness of adolescents. The Assertiveness Scale for Adolescents (ASA), which contains 33 items, was constructed using a multiple-choice format with three response alternatives. Based on data from 682 elementary and secondary school students, adequate reliability and validity of the ASA were obtained when tested against several variables about which predictions could be made. Potential use of the instrument in clinical diagnosis and research was discussed.

Lack of assertiveness has been identified increasingly as a clinical problem by psychologists who work with children. Assertive behavior has been defined differently by many investigators, and yet certain facets of assertiveness are fairly well agreed upon: For example, standing up for one’s rights, refusing to comply with seemingly unreasonable demands, asking for favors or making requests, initiating and terminating conversations, and expressing positive or negative feelings to others. Children who lack these assertive skills have difficulty in communicating openly and honestly, and these deficiencies lead to serious problems at school and at home.

Researchers’ attempts to identify various components of assertiveness and to develop effective training modes have prompted a variety of approaches to its measurement. These approaches range from self-report inventories and ratings (e.g., Bates & Zimmerman, 1971; Galassi, DeLo, Galassi, & Bastien, 1974; Gambrill & Richey, 1975; McFall & Lillesand, 1971; Rathus, 1973; Wolpe & Lazarus, 1966) through role-playing assessment and observation in real life and contrived settings (e.g., Eisler, Miller, & Hersen, 1973; Hedquist & Winehold, 1970; McFall & Twentyman, 1973; Weinman, Gelbart, Wallace, & Post, 1972), to physiological analysis (e.g., McFall & Marston, 1970).

As Rich and Schroeder (1976) indicated in their review of the literature, most of the instruments published to date have been developed for college or adult populations. Therefore, the validity of these instruments for elementary and secondary school children is unknown, even though it can be contended that in many situations the adult scales are...
also useful for other age groups. Furthermore, the stimulus referents in many published instruments are often vague and general. They assume little variance among situations, and so nonassertive individuals often are described with vague and dubious constructs (Rich & Schroeder, 1976). For effective screening and treatment purposes, a scale is needed that has clear and specific stimulus referents and that is suitable for elementary and secondary school students.

With these considerations in mind, we have developed an Assertiveness Scale for Adolescents (ASA), which is designed for students in grades 6 to 12. Such an instrument is needed for three reasons: First, it could be used as a convenient means of obtaining children's reports about their typical behavior in a variety of interpersonal situations. Given appropriate content validity, a psychologist or counselor then could identify interpersonal problem areas through a review of the child's item responses. Second, such an instrument could be used as a screening device for identification of children who might benefit from an individual or group intervention program. Third, such an instrument is needed as a research tool in investigating the construct of assertiveness.

The remainder of the manuscript describes the development and initial validation of the ASA instrument.

**METHOD**

*The Scale*

A $3 \times 2$ specification table was employed to construct initial items for the ASA. One dimension specified three interpersonal interaction situations in which assertive behavior might occur: (a) friends; (b) teachers and parents; and (c) strangers. The second dimension specified two components of assertiveness that might occur in these interpersonal situations: (a) refusing unreasonable demands; and (b) standing up for one's rights.

Thirty-three interpersonal situations or "items" employed in this report were constructed in the following way: (a) Ten graduate students in counseling, with a minimum of 2 years of counseling or teaching experience in the secondary school setting, were given descriptions of assertiveness and were requested to generate interpersonal situations applicable to secondary school students. Sixty-five such situations were generated. (b) Sixty grade 12 students (males and females) rated the likelihood of occurrence of each situation on a 5-point continuum ($5 = \text{likely to occur, } 1 = \text{unlikely to occur}$). Of 48 situations that indicated a mean likelihood score of 3.0 or higher, 33 were selected, 11 of which related to each of the three interaction situations respectively (i.e., friends, teachers and parents, and strangers). (c) These same students were requested to write down verbatim what they would say or do in each of the 33 situations. (d) The graduate students who participated in the construction of the initial 65 situations were given several representative verbatim responses of grade 12 students and were requested to construct three response options (assertive, unassertive, aggressive or passive-aggressive) by expanding students' responses. Typically, responses combined covert (feeling) and overt (saying and doing) aspects of behavior. The following is an example of an item:

"You are a member of the school basketball team. The coach has promised that everyone will get a chance to play in this game. There are only five minutes left to play in the game and the coach hasn't put you in yet.

(a) You get up, walk over to the coach, swear, and stomp out.

(b) You stay on the bench. You think that you can learn a lot of things by watching the others play.

(c) You approach the coach and remind him that you haven't been in the game yet."
The present authors selected the responses that seemed to be the most suitable and relevant to secondary-school-aged subjects.

Four graduate students in counseling who were familiar with assertiveness training independently classified response alternatives into one of three categories: Assertive, unassertive, and aggressive or passive-aggressive. The passive-aggressive response was defined as aggressive behavior expressed passively; for example, pouting, obstructionism, procrastination, and intentional inefficiency. Only responses that produced complete agreement among the four judges were selected. The three response alternatives were randomly ordered for each item.

Subjects
A total of 682 (323 boys, 359 girls) students in sixth \( (N = 94; 47 \text{ boys}, 47 \text{ girls}) \), eighth \( (N = 105; 43 \text{ boys}, 62 \text{ girls}) \), tenth \( (N = 228; 124 \text{ boys}, 104 \text{ girls}) \), and twelfth grade \( (N = 255; 109 \text{ boys}, 146 \text{ girls}) \) served as subjects in the validation studies. The students were from two elementary and three secondary schools in southwestern Ontario. They were instructed to select the response options that would best describe what they would do in a particular situation.

RESULTS AND DISCUSSION

Reliability and Normative Data
Test-retest reliability over a 4-week time interval with 55 tenth- and twelfth-grade students (22 boys, 33 girls) was .84, and Kuder-Richardson 20 internal consistency was .76.

Sampling of different grade levels permitted evaluation of the developmental nature of assertiveness as measured by the ASA. It was predicted that students in higher grades would display more assertiveness than those in lower grades. The mean ASA scores of the 682 students among the four grade levels were compared by analysis of variance, and the result was significant, \( F(3, 678) = 5.61, p < .001 \). Group means (see Table 1) revealed an increase in assertiveness from sixth \( (M = 20.17) \) to eighth grade \( (M = 22.90) \), with a slight decrease at tenth \( (M = 21.10) \) and twelfth grade \( (M = 21.74) \). Scheffé's post-hoc comparisons indicated that the differences between grades six and eight as well as between eight and ten were significant \( (ps < .10) \). The reason for the peak at the eighth grade is not clear. Perhaps this may be an environmental artifact. Eighth-grade students are the senior group in the elementary school, and so they may be more familiar with the interpersonal environment, especially with teachers and friends. Their senior status in the school, similar to "big-fish-in-a-small-pond" attitude, might have been responsible for this interesting developmental pattern.

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Correlation with Other Assertiveness Scales

Lack of assertiveness scales designed for adolescents created a problem in evaluating the convergent validity of the ASA. Nevertheless, two published scales were employed in order to assess the concurrent validity of the ASA. First, the ASA was correlated with the Assertion Inventory (AI) developed by Gambrill and Richey (1975). Because the AI was designed for an adult population, not all 40 items are applicable to adolescents. Twenty-four of the 40 items that were judged appropriate for secondary school students were selected, and the degree of discomfort in these 24 items was correlated with the ASA. The \( r \) between the ASA and the AI, based on 53 tenth-grade students (41 boys, 12 girls) was .33 \((p < .05)\). Although the relationship is significant, the amount of variance accounted for is rather low. The low correlation may be due to (a) reduced reliability of the AI, due to the reduction of its length; and (b) the difference in situation-specificity of the ASA items as well as the number of response classes tapped. The ASA measures only two aspects of assertiveness (i.e., refusing unreasonable demands and standing up for one’s rights) in highly specific situations, whereas the AI measures seven aspects in more general situations.

Second, the ASA was correlated with the Children’s Action Tendency Scale (CATS) recently developed by Deluty (1979). The CATS consists of 10 specific conflict situations with three response alternatives for each situation (assertive, aggressive, submissive), and, therefore, as far as the situation-specificity of the content as well as the target population is concerned, the CATS seems to approximate the ASA most clearly. The \( r \) between the ASA and CATS, based on 60 students (33 boys, 27 girls) drawn from the eighth grade was .55. We consider this degree of relation to be satisfactory, especially in view of the relatively low reliability (i.e., .60) of the CATS reported by Deluty (1979).

Peer Rating

A second test of the concurrent validity of the ASA was conducted by employing peer ratings of assertiveness. Thirty-seven students from two twelfth-grade classes (17 boys, 20 girls) rated each member of the class on a 5-point scale with respect to the following three categories of assertive behavior: (a) “tell a person when he/she feels that the person has done something that is unfair to him/her;” (b) “express an opinion that differs from that of a person to whom he/she is talking;” and (c) “request expected service when such is not forthcoming, e.g., in a restaurant.” The total peer rating score summed over the three categories was correlated with the ASA total score, which yielded \( r = .03, p > .05 \). The result is disappointing, given the fact that the peer-rating data were collected after the seventh month of the school year, at which time students had had ample time to get to know each other. Perhaps this nonsignificant correlation may have been vitiated by the lack of training of the judges. It is interesting to note that Galassi and Galassi (1975), who used more mature raters than the sample in the present study, reported an \( r(75) \) of .33 between resident hall counselor ratings and self-ratings of assertiveness. Such concurrent validity of the ASA with ratings of assertiveness was not found here.

Comparisons Among Known Groups

Galassi and Galassi (1974), in their construct validation of the assertiveness scale, predicted that those who held a leadership role among peers, such as student legislators, would display a higher assertion score than others. In order to examine this, 52 students drawn from three twelfth-grade classes were asked about their involvement in extracurricular activities, such as student council or student clubs.

Thirty-eight students were divided into two groups: Position-holders \((N = 12)\), who were serving as president or vice-president in extracurricular activities, and nonposition-holders \((N = 26)\). The position-holders scored significantly higher on the ASA \((M = 23.58 \text{ vs. } 19.85)\) than the nonposition-holders, \( t(36) = 2.74, p < .01 \). Although the
difference was in the predicted direction, it should be mentioned that the unbalanced Ns may have biased the statistical test.

The same group was requested to indicate whether they would like to seek counseling if professional help were available. Students who replied affirmatively were requested to indicate their main area of concern. Of 35 students who responded to this question, 17 who indicated problems of personal adjustment had significantly lower ASA scores than the 12 who stated that they had no need for counseling ($M = 18.47$ vs. $22.17$), $t(27) = 2.85, p < .01$. This result further supports the construct validity of the ASA.

Are "leaders," as judged by teachers, distinguished from "nonleaders" on the basis of the ASA score? Two teachers independently classified 87 students (42 boys and 45 girls from three tenth-grade classes) into leaders and nonleaders. Thirteen students who were identified as leaders by both teachers and 65 students who were not identified as leaders by either teacher were selected. (Nine students who were nominated by only one teacher were excluded.) The leaders obtained a significantly higher ASA mean than the nonleaders ($M = 22.38$ vs. $20.80$), $t(76) = 1.80, p < .05$.

Training Effect

The ASA was administered to 96 eleventh-grade students who were not included in the original sample of 682 students (but who were drawn from the same school as the original sample). Of these 96 students, 16 who scored in the bottom 25% of the group, and who volunteered to participate in assertiveness training, were assigned randomly to experimental and waiting-list control groups. The experimental group received seven sessions of group assertiveness training, which employed a method developed by Lee, Hallberg, and Siemen (1980). The training mode, specifically designed for students in grades 7 through 12, consists of seven highly structured sessions. These include didactic teaching, role-playing, cognitive-restructuring, and peer feedback with reinforcement.

Group assertion training sessions were led by a female counselor. Post-training ASA was administered 1 week after the last session of group training. Analysis of covariance, which used the pretest score as covariate, revealed a greater mean ASA score for the experimental than for the waiting-list control group ($M = 22.50$ vs. $14.87$), $F(1, 13) = 5.57, p < .05$. Although the lack of an attention-control group limits validity of our conclusion, we speculate that this higher mean of the assertiveness training group reflected sensitivity of the ASA to training.

Aggression

DeGiovanni and Epstein (1978) pointed out that all of the existing self-report measures of assertiveness in adults either are confounded with aggressiveness or have the potential for such confounding. In order to determine whether the ASA was confounded with aggression, 91 eighth- and tenth-grade students (43 boys, 48 girls) were given the ASA and five subdimensions of the Buss-Durkee Hostility Inventory (Buss & Durkee, 1957). Most of the $r$s between the ASA and subdimensions of the Buss-Durkee scale were not significant: .07 for assault, $-.25 (p < .05)$ for indirect hostility, $-.06$ for resentment, .18 for verbal hostility, and .01 for the total score. The results clearly suggest that the ASA is not confounded with aggression.

Previous studies (Galassi & Galassi, 1975; Gentry & Kirwin, 1972) that employed the Buss-Durkee scale found that the subdimensions of assault and verbal hostility were confounded with assertiveness. This pattern, however, was not apparent in the present study.

Reinforcement History

Lack of assertiveness often has been conceptualized as inhibitory anxiety in interpersonal situations (Wolpe, 1969), and its origin has been traced back to the parent-child interaction. Because interpersonal anxiety is related to the history of social rewards
that a person has received from members of the family, school, or peer groups, we predicted a positive correlation between the ASA score and perceived parental reinforce-
ment. This prediction was tested by administering Crandall’s (1963) Perception of Parent (PP) inventory to 60 sixth- and eighth-grade students (26 boys, 34 girls). The PP is a two-
part scale (father, mother) with 20 questions in each part to measure the children’s perception of positive or negative reinforcement of their behavior. The scale asks the sub-
jects to infer, in a forced-choice situation, how a particular parent felt when they engage in various behaviors. As predicted, a significant correlation between the ASA and PP (.36, p < .001) was found, which supports the validity of the ASA.

**Social Desirability**

Because the three response alternatives in the ASA had not been matched for social desirability, a question may be raised as to the possibility that much of the response variance might be dominated by social desirability. In order to examine this, the ASA was correlated with the Crowne-Marlowe Social Desirability Scale (SDS). The SDS (Crowne & Marlowe, 1964) is designed to measure tendencies to describe oneself in socially desirable terms in order to earn the approval of others. The $r$ between ASA and SDS based on 84 tenth- and twelfth-grade students (36 boys, 48 girls) was .09, which suggests that the ASA is not likely to be confounded with social desirability.

**Irrational Beliefs**

Because the notion of irrational beliefs as formulated by Ellis (1962) and lack of assertiveness assumes the presence of interpersonal anxiety, it was predicted that the ASA should correlate negatively with irrational beliefs. A 11-item Irrational Belief Questionnaire (IBQ) that measures irrational beliefs and that was formulated by Ellis (Lee, Hallberg, & Haase, 1979) was administered to 87 sixth- and eighth-grade students. The $r$ between the ASA and IBQ was $- .25$, $p < .05$. This significant correlation in the predicted direction adds further to the construct validity of the ASA.

**Summary and Conclusion**

Analysis of data from 682 sixth- to twelfth-grade students showed that the ASA is a reliable measure of assertiveness. Both internal consistency and stability estimates of reliability are quite acceptable for a 33-item scale. Initial validity of the ASA has been demonstrated by assessing predicted relationships to several criteria. Significant relationships were found between the ASA and an independent measure of assertiveness, reinforcement history of the respondents, and irrational beliefs. High scorers on the ASA also showed greater tendencies to hold leadership positions and showed less of a tendency to seek counseling for personal problems. The ASA showed no appreciable relationship with social desirability, which indicates that the scale is free of response bias on this dimension. Contrary to prediction, ASA scores were not related to peer ratings of assertiveness. Overall, the ASA appears to be measuring the construct of assertiveness in a dependable fashion.

The unique feature of the ASA is that it measures a preferred behavioral response in specific situations rather than nonspecific attitudes or traits. The stimulus referents are clear, and a greater degree of situational variance is assumed. Because of the situation-specific nature of the items, the responses in the ASA could provide the clinician with diagnostic materials with respect to the specific nature of the typical response shown by the respondent. Furthermore, the scale was constructed and validated on adolescents. Previous assertiveness scales have been developed on adult populations, and their validity for use with adolescents is questionable. The ASA has potential for use in research that investigates the efficacies of various procedures for training assertive behavior and as a clinical instrument for obtaining pre- and posttest measures of clients’ assertiveness.
Additional research is needed to determine the predictive validity of the ASA with behavioral criteria. Research of this type is now being conducted by the investigators. Until the ASA is more firmly validated against such behavioral criteria, its use is recommended primarily as a research tool in studies that require an assertiveness scale with item content and validity suitable to the adolescent population.

REFERENCES


