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An Evaluation of the Effects of a Laboratory Learning Program On the Interpersonal Behavior of Participants

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Abstract

The effects of the Oregon Leadership Development Program on the assertive and aggressive behaviors of participants were measured by the scales of the Interpersonal Behavior Survey (IBS). The program, administered by Oregon Leadership Institute (OLI), uses an experientially oriented laboratory format which includes training group (T-group) participation, brief lectures, and various interpersonal and group exercises. The program seeks to increase the interpersonal effectiveness of participants. No previous formal evaluation has been done on the OLI program and prior laboratory learning studies have not examined assertive and aggressive behaviors as outcome variables.

Participants included adults who were employed by a variety of business, government, and professional organizations. The study used two treatment groups comprised of 19 male participants who attended OLI program #37 and 19 male participants who attended OLI program #38. The quasi-experimental design employed a non-equivalent comparison group comprised of 19 male participants who had not attended an OLI program and who were roughly matched on the basis of gender and occupation.

All participants were administered an IBS pretest and posttest, separated by a 29-day interval. A paired samples *t*-test and one-way analysis of covariance (ANCOVA) were used to evaluate the two hypotheses. Data provided partial support for the first hypothesis that program participants would report increased assertive behaviors, as measured by the eight assertiveness scales of the IBS. Significant increases were found on the following scales and measured behaviors: (a) Defending Assertiveness - standing up for one's rights, (b) Frankness - communicating one's feelings and opinions even in the face of opposition, (c) Initiating Assertiveness - expressing one's opinions and suggestions while taking a leadership role

in groups, and (d) General Assertiveness, Rational - demonstrating a broad range of assertive behaviors. Data failed to support the second hypothesis that program participants would report less aggressive behaviors, as measured by the seven aggressiveness scales of the IBS.

The observed changes appear consistent with the OLI program objectives and highlight the potential usefulness of the IBS assertiveness scales as outcome measures in laboratory learning research. Possible application of laboratory training to increase interpersonal competence and effectiveness of missionaries is discussed.

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Table of Contents

List of Tables

CHAPTER 1

INTRODUCTION

Research indicates that the ability to relate effectively to others is an important component of academic, personal, and occupational success (Spitzberg & Hurt, 1987). Interpersonal competence has been found to be positively related to marital adjustment (Gottman & Porterfield, 1981), mental health (Trower, Bryant & Argyle, 1977), academic success (Hurt, Scott & McCroskey, 1978), heterosexual adjustment (Barlow, Able, Blanchard, Bristow & Young, 1977) and self-esteem (Steffen, Greenwald & Langmeyer, 1979). Lack of social skills has been correlated with stress and hypertension (Morrison, Bellack & Manuck, 1985), depression (Fisher-Beckfield & McFall, 1982), loneliness (Spitzberg & Canary, 1985), juvenile delinquency (Gaffney & McFall, 1981), and anxiety (Curran, 1977). Estimates of the gross percentage of social inadequacy in the U.S. range from 7 to 49% of the student and adult population (Spitzberg & Hurt, 1987).

Development of interpersonal competence in occupational settings has been a major focus of laboratory learning programs. Such laboratory programs, sometimes referred to as sensitivity training, often combine intensive small group experience, lectures, and various interpersonal exercises in an effort to increase participants' awareness of behavior and of group processes. The emphasis is on experiential learning as participants become more aware of their own behavior and how it impacts others (Smith, 1975).

One such laboratory learning program, which served as the focus of this study, is the Oregon Leadership Development Program. The program is administered by the Oregon Leadership Institute (OLI), a non-profit educational corporation. OLI has provided training to employees from various business, government and professional organizations.

To date there have been no formal outcome evaluations done on the OLI program. However, research has supported the effectiveness of laboratory training programs similar to OLI in producing interpersonal changes in participants. Smith (1975) reviewed 100 studies which examined the outcomes of such training.

These studies all met the criterion of having control groups, repeated measures design and training lasting not less than 20 hours. He reports that 78 out of 100 studies using measurement immediately after training found changes significantly greater than those shown by controls. Of the 31 studies using measurement one or more months after training, 21 found significant change as compared to controls. The changes most commonly found include: improved self-concept; decreased prejudice; changes in scores on Schutz's Fundamental Interpersonal Relationship Orientation-Behavior Test (FIRO-B) and Shostrom's Personal Orientation Inventory (POI); changed behavior as rated by others not present during training; and various changes in organizational behavior in cases when groups were conducted within an organization.

Despite the large number of outcome studies that have been done with regard to laboratory training, two dependent variables which appear to have been largely overlooked are changes in assertive and aggressive behaviors. Mauger and Adkinson (1980) define assertiveness as "behavior directed toward reaching some desired goal in spite of obstacles in the environment or the opposition of others" (p. 1). They

further state that "the attitude of the assertive person is positive toward other people" (p. 1). Such behavior is distinguished from aggressive behavior which is defined as "behavior that originates from attitudes and feelings of hostility toward others. The purpose of aggressive behavior is to attack other individuals or to exert power over them in some fashion" (p. 1). Mauger and Adkinson have developed the Interpersonal Behavior Survey (IBS) to measure several dimensions of assertive and aggressive behavior.

Statement of the Problem

The purpose of this study was to provide an objective evaluation of the OLI laboratory learning program using the dependent variables of assertiveness and aggressiveness, as measured by the IBS. The goal of this study was to answer two research questions. First, "Does the OLI Oregon Leadership Development Program produce a significant increase in assertive behaviors as measured by the assertiveness scales of the IBS?" Second, "Does the OLI Oregon Leadership Development Program produce a significant decrease in

aggressive behaviors as measured by the aggressiveness scales of the IBS?"

Significance of the Study

The purpose of this section is to explore the potential significance or usefulness of answering the aforementioned research questions. Three reasons are cited for carrying out this study.

First, it is hoped that this study will provide evaluation data which will prove useful to the OLI staff in examining the efficacy of their laboratory program. To date there have been no formal assessments of interpersonal changes which may result from participation in the program. The IBS was selected because it has proven to be a valid and reliable instrument for sampling selected domains of interpersonal competence. Specific information about the IBS is provided in the "Instruments" section of Chapter 2.

Changes in assertive and aggressive behaviors, as measured by the IBS, were chosen as dependent variables because of the relevance of these constructs to the OLI program. Borrowing from Blake and Mouton (1964), OLI promotes a leadership style which is high on two

dimensions: concern for task and concern for people. The assumption is that a 9,9 management style, as it is termed by Blake and Mouton, is able to integrate task and relational requirements so as to maximize both working relationships and production. Such a model seems consistent with Mauger and Adkinson's (1980) view of assertiveness, which is conceptualized as goal oriented behavior coupled with a respect for people.

A second reason for conducting the present study relates to the goal of OLI and other laboratory learning programs of producing behavioral changes which are relevant to the workplace. Campbell and Dunnette (1968) decry the lack of research which explores the relationship between interpersonal abilities and on-the-job effectiveness. Whyte (1965) echoes this lament, stating, "The direct value for the organization of the group dynamics training of its members is not demonstrated by proving that changes take place. We must also determine whether these changes fit a useful theoretical model of organizational functioning" (p. 315).

An assumption may be made that high levels of assertiveness would be an important component of interpersonal effectiveness on many jobs. This

assumption is supported by a study conducted by Leader (1973) involving 59 male bank officers who completed a series of self-assessment scales. Subjects who saw themselves as expressive and assertive, depending on the demands of the situation, were judged by their superiors as more interpersonally skillful than those subjects who saw themselves capable of only one or neither of these two types of behaviors. Leader concludes, "The findings of the present research suggest that assertiveness and confrontational skill training may be a necessary part of a program to improve interpersonal competence" (p. 496). He suggests that such training would serve as a complement to the emphasis that many programs already give to training in expressiveness skills.

Leader (1973) defines assertiveness as encompassing "that range of interpersonal behavior in which an actor initiates new ideas, is not afraid to argue their worth, even with superiors, and does not hesitate to confront others with their failures, if the situation warrants it" (pp. 485-486). Such behavior tends to be task oriented, according to Leader. Expressiveness, on the other hand, is seen to reflect more of a concern for relational issues. Leader

states, "Expressiveness summarizes an actor's ability to enjoy working collaboratively with others, listen empathetically, create trusting relationships, and not be emotionally inhibited by authority figures" (p. 486).

Leader's definitions of assertiveness and expressiveness, when combined, seem to be conceptually similar to Mauger and Adkinson's (1980) understanding of assertiveness, which encompasses both goal directed behavior and sensitivity to relational issues. Thus, it would seem that the IBS would be useful in measuring dimensions of interpersonal behavior which appear to be relevant to an occupational setting. Moreover, since these variables have not been fully examined in previous studies of laboratory programs, this study may contribute to a needed area of research.

A third reason for conducting this study is to provide a basis for future research and applications. It is hoped that follow-up research could be conducted which examines the durability of any identified interpersonal changes which can be attributed to participation in the OLI laboratory learning program. Moreover, future research could look at how such changes may transfer to interpersonal effectiveness

back on the job. Finally, this research may be relevant to the church in highlighting the potential of using laboratory training programs to increase the interpersonal effectiveness of pastors, missionaries, and other Christian workers. A more complete discussion of possibilities for future research and implications for the church is found in Chapter 4.

Review of the Literature

This section provides a review of the literature related to laboratory learning, the Oregon Leadership Development Program, assertiveness, aggressiveness, and the relationship between assertiveness and aggressiveness.

Laboratory Learning

Laboratory education programs typically involve 30 to 150 participants who meet over a period of two to three weeks in a conference setting (Miles, 1960). Smith (1975) defines such training as "a process which (a) occurs in small groups, (b) involves the examination of interpersonal relations among the members of each group, and (c) extends its membership to include those not undergoing psychotherapy" (p. 597). Most laboratories incorporate a variety of

learning experiences including training groups (T-groups), lectures, exercises, and back home projects. Though the training designs of such laboratory programs may vary, the T-group experience is normally regarded as the crucial and central part of the laboratory program (Bradford, Gibb & Benne, 1964).

T-groups. The T-group has been described as a "cultural island" in which a group of 8-15 people are brought together for a period of time without the provision of a clearly established initial agenda or a designated leader who will direct the group toward a specific action (Aronson, 1983). Emphasis is placed on experiential learning and enhancement of interpersonal skills. The focus of the group is on the here and now. The duration may vary but most T-groups meet for a total of 10-40 hours.

The distinctions have sometimes been blurry between T-groups and other types of group experience such as therapy groups or encounter groups. This fuzziness is in part due to the variability of practice which occurs under these labels. A basic and perhaps oversimplified distinction between therapy groups and T-groups is related to the difference between the goals

of therapy (making sick people well) and training (making well people better).

T-groups may also be dilineated from encounter groups, though the two have much in common. Whereas the emphasis of encounter groups is on the personal growth of individual participants, T-groups include an additional emphasis on group process (Walrond-Skinner, 1986). The difference becomes even more pronounced when T-groups are compared to the more radical forms of encounter groups such as those conducted by the Esalen Institute of Big Sur, California (Aronson, 1983). The latter groups have promoted such experiences as body movement, touching, dance, and massage. The term "T-group" in this dissertation will be used in reference to the more conservative, traditional group which generally evidences more focused goals, more control of group processes by trainers, and more natural or designed selection of participants.

Origin of T-groups. The birth of T-groups can be traced back to the work of Kurt Lewin in 1946. While conducting a workshop on small group discussions, Lewin made the fortuitous discovery that group participants could derive significant learning if they were allowed to observe and comment on their own interpersonal

behavior and group processes. The application of this concept quickly grew as T-groups came to be used in business, education and in non-profit organizations to increase interpersonal competence and organizational development. T-groups reached their peak of popularity in the 1960's and 1970's, at times taking on faddish or cultish qualities. Though they experienced some decline in prominence in the 1980's, T-groups are kept alive and flourishing by such organizations as National Training Laboratories (NTL) of Bethel, Maine. NTL has been a major pioneer and innovator of T-groups and human relations laboratories.

Goals of T-groups. The goals of T-groups are for the most part representative of the goals of laboratory training programs in general. Broadly speaking, a major goal is to promote increased awareness of behavior and a heightened sensitivity of one's own behavior and how it impacts others. However, the strategy of how to attain this goal may vary from one training program to another. Despite such diversity, Smith (1975) states that "the common element in sensitivity training lies not in its goal but in its focus on examining the behavior of those present" (p. 599).

Diversity of goals and/or the differing emphasis placed on particular goals helps to account for the variations which may be found between T-groups. In reviewing the literature, six participant outcome goals may be identified which appear to characterize most T-groups (Bradford et al., 1964; Campbell & Dunnette, 1968; Schein & Bennis, 1965):

1. Increased self-awareness of one's behavior, values and goals and how these impact others.

2. Heightened sensitivity to the behavior, values and goals of others.

3. Increased understanding and awareness of the processes which help or hinder functioning both within and between groups.

4. Increased diagnostic and intervention skills in social, interpersonal, intergroup and intragroup contexts.

5. Improved ability to work through conflict and work collaboratively with others to solve problems.

6. Learning how to learn.

Theory and methodology of T-groups. Two elements have been identified as important preconditions for effective learning to take place. First, the group must provide a climate of support and acceptance which

makes it safe for participants to be honest, drop defenses, take interpersonal risks, and experiment with new ways of interacting (Campbell & Dunnette, 1968; Schein & Bennis, 1965). Second, participants must be freed "from preconceived notions and habitual forms of interacting so that feedback may have maximal effect" (Campbell & Dunnette, 1968, p. 76). "Unfreezing" is the label which is often applied to the latter process.

The elicitation of anxiety is believed to be the mechanism which facilitates unfreezing. Anxiety is produced when participants' role-bound methods of interacting prove deficient in the unstructured T-group situation and defense mechanisms are openly examined. It is hoped that more adaptive and effective behavior will be learned which will reduce this anxiety and thus be reinforced.

A key process which helps to facilitate learning is feedback. Participants learn to how to provide descriptive, non-judgmental feedback to others in addition to receiving such feedback themselves. Behavior emitted in the T-group serves as the major source of the observational data for such feedback.

Since T-groups are relatively unstructured groups without a fixed agenda, the role of the trainer is to

serve "as a facilitator and create a vacuum to be filled by the work of group members' own behavior and its scrutiny" (Walrond-Skinner, 1986, p. 346). Moreover, the trainer serves as a model to the group as "he absorbs feelings of hostility and frustration without becoming defensive, provides feedback for others, expresses his own feelings openly and honestly, and is strongly supportive of the expression of feelings in others" (Campbell & Dunnette, 1968, p. 77).

A major assumption of T-groups is that behavior exhibited within the group is sufficiently representative of behavior outside the group so that learning occuring within the group will carry over or transfer (Campbell & Dunnette, 1968). Many laboratory programs seek to increase the liklihood of such transfer by having participants complete a "back home" project in which they seek to apply what they have learned to their job or home environment. The back home project is intended to serve as a learning bridge between the laboratory program and the back home situation.

The Oregon Leadership Development Program

The Oregon Leadership Development Program, which is the focus of this study, was established in 1977 by

Gossard-Pyron Associates, a labor relations consulting firm located in Eugene, Oregon. The program served as an adjunct to the firm's consulting work with client companies. However, in order to meet the needs of a wider array of organizations, a non-profit educational corporation, Oregon Leadership Institute (OLI), was created to promote and administer the laboratory programs.

Dr. H. Charles Pyron (personal communication, May 24, 1990), Executive Director of OLI, estimates that over 1000 individuals representing over 90 Oregon business, governmental, and professional organizations have participated in one of the 38 laboratory programs that have been held to date. Most participants attend with organizational support which is coupled with an expectation that leadership training will translate into improvements in both job performance and organizational effectiveness.

Participants in the OLI programs attend two 3-day workshops separated by a 3-4 week period during which time they conduct a back home project. Experiential learning is emphasized through the use of small group experiences and various exercises. An unpublished notebook of materials, which is given to all laboratory

participants, states that a general goal of the program is "to help participants improve the skill and understanding required for working more effectively with others" (OLI, 1990, p. 1). Five participant goals are also listed in the notebook:

1. Gaining self insight.
2. Understanding the impact of my behavior on others.
3. Recognizing the effect that the behavior of others has on me.
4. Practicing skills in interpersonal communication.
5. Better understanding of group process and increased skill in achieving group effectiveness. (p. 1).

The OLI program also endeavors to help participants develop a leadership style which is high on the two dimensions of concern for task and concern for people. Such a view of leadership seems to be generally parallel to Mauger and Adkinson's (1980) conceptualization of assertiveness. The latter is described as behavior which is goal directed but which reflects a respect for other people.

Assertiveness

The concept of assertiveness may be traced back to Salter (1949), who described excitatory and inhibitory personalities. Salter proposed that assertiveness training could be used to increase social skills and to decrease the anxiety level of unassertive individuals.

Wolpe (1954, 1958) formalized Salter's suggestion that self-expressive "excitatory" responses could serve to extinguish and replace "inhibitory" anxiety responses. In developing his concept of reciprocal inhibition, Wolpe identified assertiveness as an anxiety inhibiting response. Wolpe (1969) defined assertiveness as "the outward expression of practically all feelings other than anxiety" (p. 61). He further stated that "assertiveness usually involves more or less aggressive behavior, but it may express friendly, affectionate, and other non-anxious feelings" (p. 61). Thus in Wolpe's view, assertiveness encompasses both aggressive and non-aggressive expressions of emotion.

Alberti and Emmons (1970) popularized the concept of assertiveness and defined it in terms of inherent personal rights. Lazarus (1971, 1973), who also linked assertiveness to the expression of personal rights, distinguished inappropriate aggressive behavior from

assertive behavior. Rimm and Masters (1974) described assertive behavior as the straightforward and honest expression of emotional states. They defined assertiveness training as "any therapeutic procedure aimed at increasing the client's ability to engage in such behavior in a socially appropriate way" (p. 81). More recently, Mauger and Adkinson (1980), have suggested that assertiveness is persistent, goal directed behavior which reflects a respect for both people and societal conventions of fairness.

Rimm and Masters (1979) provide evidence that the assertive person will accrue personal benefits such as a heightened sense of well-being, increased ability to attain social rewards, and an enlarged capacity to draw satisfaction from life. However, when taken on the whole, the earlier research presents a rather mixed picture which likely reflects the variability in how assertiveness has been both conceptualized and measured.

Assertiveness, as measured on the Rathus Assertiveness Schedule, has been found to be positively related to outspokeness, aggressiveness, confidence, and niceness (Rathus, 1973). As measured on the College Self Expression Scale (Galassi, Delo, Galassi &

Bastien, 1974), assertiveness has been positively correlated with achievement, counseling readiness, deference, abasement, verbal expression, irritability, resentment, succorance, dominance, heterosexuality, exhibition, autonomy, and change; and negatively related to aggression-hostility, assault, indirect aggression, negativism, and suspicion (Galassi et al., 1974).

Positive correlations have been found between assertiveness, as measured on the Adult Self-Expression Scale (Gay, Hollandsworth & Galassi, 1975), and independence, spontaneity, attention seeking behavior, requesting sympathy and support, expression of inferiority feelings, novelty seeking, and avoidance of routine (Gay et al., 1975).

More recent research, using the Interpersonal Behavior Survey, has found assertiveness to be positively related to spiritual well-being on the Spiritual Well-Being Scale (Hawkins, 1986), feelings of personal accomplishment on the Maslach Burnout Inventory (York, 1982), marital satisfaction on the Marital Satisfaction Scale (Bently, 1987), and satisfaction in marital-romantic, friend, and work relationships on the Survey of Satisfaction in Social

Relationships (McNamara, 1985). Assertiveness has been negatively correlated with marital distress on the Marital Satisfaction Inventory (Carlson, 1981), trait anxiety on the State Trait Anxiety Inventory (Barth, 1983), and trait anger on the State Trait Anger Scale (Barth, 1983).

Aggressiveness

Aggression has been broadly defined as a "response that delivers noxious stimuli to another organism" (Buss, 1961, p. 3). Others have expanded this definition to include behavior directed against any object (Berkowitz, 1962). Aggressive behavior has been more specifically described as behavior which is coercive in nature (Hollandsworth, 1977; Tedeschi, Smith & Brown, 1974). Such behavior may reflect an attitude of hostility and a disregard for the rights of others (Mauger & Adkinson, 1980).

Research using the Interpersonal Behavior Survey has found aggressiveness to be positively related to burnout on the Maslach Burnout Inventory (York, 1982), marital distress on the Marital Satisfaction Inventory (Carlson, 1981), and feelings of helplessness in overcoming problematic events on the Thoughts and Feelings Scale (Klohn, 1984). A negative correlation

was found between aggressiveness and spiritual well-being on the Spiritual Well-Being Scale (Hawkins, 1986).

Baron (1985) identified three general categories of theoretical explanations for the causes of aggression: (a) instinct theory (innate tendencies or instincts), (b) drive theory (externally elicited aggressive drive), and (c) social learning theory (present social or environmental conditions plus social learning).

Instinct Theory. Freud (1920) identified a life instinct ("eros") as the source of psychic energy ("libido") which fueled and directed human behavior. Aggression was seen to arise out of blocked libidinal impulses. In his later writings, which reflect a more pessimistic view of human nature, Freud (1922) postulated the existence of a death instinct ("thanatos"). Aggression was thought to spring out of a complex interplay of eros and thanatos and the redirection of the death instinct away from self and toward others. Some of Freud's successors viewed aggression in a more positive light, suggesting that it had a rational and an adaptive function in dealing with

the realities of the environment (Hartmann, Kris & Loewenstein, 1949).

The ethological and evolutionary theory of Konrad Lorenz (1966) could also be classified in the instinctual category. Aggression is viewed as predation or defense behavior which serves the long range function of preserving the survival of the species. When applied to humans, aggression is seen to be an inevitable instinctual response, the expression of which is influenced by the presence and strength of aggression-releasing stimuli. The theory was popularized by Desmond Morris (1967). However, the theory of instinctual aggression in humans has been criticized by anthropologist Ashley Montagu (1976) and other behavior scientists on the grounds that it is largely unsupported by available scientific research.

Drive theory. Drive theorists posit the existence of an aggressive drive which is elicited by situational variables and which results in overt forms of aggression. One of the best known applications of this theory is the frustration-aggression hypothesis developed by Dollard, Miller, Doob, Mowrer and Sears (1939). In an early version of the theory, they postulated a linear relationship in which frustration,

originating from blocked goals, always led to aggression (intended harm) and aggression always resulted from frustration. A later modification of the hypothesis acknowledged that other responses, in addition to aggression, could result from frustration (Miller, 1941).

Implicit in many drive theories is the belief that acting out aggression will cleanse one of anger and will reduce the immediate likelihood of further aggressive behavior (Bach & Goldberg, 1983; Lazarus & Fay, 1975). Moreover, vicarious participation in aggression (e.g., watching football on television) is thought to reduce subsequent aggressive acting out behavior. Middlebrook (1980) reports that research on this "catharsis hypothesis", as it is called, has produced rather mixed and inconclusive results.

Berkowitz (1962) underscored the importance of specific environmental cues that serve to elicit aggressive responses. He used conditioning to explain how aggressive responses come to be paired with certain symbols (e.g., weapons) in social contexts. Berkowitz and Le Page (1967) showed how the presence of a gun heightened levels of aggressiveness.

Zillman's (1978, 1979) excitation-transfer hypothesis is an example of a drive theory which shifts emphasis away from frustration based explanations of aggression. Instead Zillman stressed motivational and cognitive factors which serve a mediating role. These factors include personal learned disposition and habits, the presence of an arousal source, and the person's interpretation of that arousal source or event.

Social learning theory. Social learning theory holds that aggressiveness can be tied to past experience and learning as well as to a wide range of situational factors. Bandura (1973) stressed the importance of social modeling and observational learning in acquiring and maintaining aggressive responses. Whereas drive theory suggests that aggression produces its own satisfiers and contains its own rewards, Bandura pointed to the operation of instrumental conditioning to explain how aggressive behavior is either reinforced or suppressed depending on the consequences that ensue from that behavior.

Bandura (1973) postulated the existence of three systems which serve to regulate human behavior: (a) antecendent inducement (stimulus controls),

(b) reinforcements (direct, vicarious, and self mediated), and (c) cognitive processes (the coding of behavior patterns, cognitive rehearsal, cognitive representation of reinforcement contingenies, and cognitive problem solving). According to Bandura, there is a strong interactional link between cognitive mechanisms and consequence contingencies.

As compared to either instinct theory or drive theory, the social learning conceptualization of behavior seems to be most consistent with the goals and methodology of laboratory learning. Such laboratories seek to create an environment whereby ineffective and self-defeating behaviors will be replaced by ones that are more effective and adaptive. Reinforcement contingencies include reduction of anxiety and direct feedback from other participants regarding the impact of one's behavior. Moreover, observational learning and modeling are viewed as important change factors as each participant is able to observe the effect of the behavior of other participants and trainers.

The Relationship Between Assertiveness and Aggressiveness

Semantic and definitional problems have often contributed to confusion in distinguishing between

assertive and aggressive behaviors. (DeGiovanni & Epstein, 1978; Galassi & Galassi, 1978). For example, when the adjective "aggressive" is applied to a salesman it may be used both in a negative way to describe someone who is coercive and pushy or in a positive way to describe someone who effectively initiates without coercion. Moreover, certain behaviors which may be regarded as aggressive by some, can be seen to be instrumental in achieving goals which are non-destructive or which are consistent with established cultural or subcultural norms (e.g., participation in contact sports, bartering in the pit of the New York Stock Exchange, etc.).

Individual and cultural values may also contribute to semantic confusion regarding assertiveness and aggressiveness. Socially inhibited individuals have been found to often incorrectly perceive assertive behaviors as aggressive behaviors (Ludwig & Lazarus, 1972). Such individuals may thus avoid being assertive due to the negative value which they have placed on such behavior. Gender differences may also come into play when judging behavior. Studies have shown that observers may regard particular behavior as assertive when initiated by males but judge similar behavior to

be aggressive when carried out by females (Rich & Schroeder, 1976).

Variations in how assertiveness and aggressiveness have been conceptualized also help to account for some of the confusion that has surrounded these constructs. Early theorists and researchers such as Wolpe (1954, 1958) failed to clearly distinguish between assertive and aggressive responses, though Wolpe (1969) later attempted to differentiate the two constructs by evaluating intent or social consequences. Buss (1971) viewed assertiveness as a subset of aggression and identified two categories of aggression: angry (intent to harm) and instrumental (intent to achieve personal gain). Others have conceptualized aggression as a subset of assertion (Dorman, 1973; Hutton, 1972). Alberti and Emmons (1970) placed assertion, aggression, and nonassertion (passivity) at various points on a continuum.

Some researchers have sought to differentiate assertiveness and aggressiveness. Rakos (1979) defined assertiveness as "a behavioral chain consisting of obligations and rights" (p. 767). He contended that the obligation component (e.g., minimizing harm, protecting other's rights, explaining intentions when

appropriate, and willingness to compromise) separates assertive behavior from aggressive behavior. Tedeschi et al. (1974) suggested that aggression is the forcing of another person's compliance through the use of coercive power which often involves the delivery of punishment and/or the threat of future punishment. Assertion, on the other hand, is viewed as self-expression without an attempt to coerce another. Hollandsworth (1977) maintained that the assertive person may attempt to influence others but uses legitimate power (e.g., appeals to conscience, logic, etc.) to do so.

Defining and differentiating assertiveness and aggressiveness in this study. For the purposes of this study, assertive and aggressive behaviors are conceptualized as being distinct, multidimensional response classes. Following the model of Mauger and Adkinson (1980), assertiveness is defined as behavior which is "directed at reaching some desired goal which continues in the direction of that goal in spite of obstacles in the environment or the opposition of others" (p. 1). Such behavior reflects a positive view of people and a willingness to observe societal rules of fairness. Furthermore, assertive people "weigh the

consequences of their actions in light of their ultimate goals and the contingencies of reality" (p. 1). Mauger and Adkinson contend that even violent behavior may be deemed assertive when used as a last resort in a threatening situation (e.g., to fend off an attacker).

By contrast, aggressive behavior "originates from attitudes and feelings of hostility toward others" (Mauger & Adkinson, p. 1). It involves behavior that is often coercive or attacking. Such behavior may be deliberately hostile or it may be a consequence of the aggressive person's disregard of the rights of others in the pursuit of personal goals. Mauger and Adkinson hold that the intent of the person emitting the behavior is an important consideration in judging whether that behavior is assertive or aggressive.

The Interpersonal Behavior Survey (IBS), developed by Mauger and Adkinson (1980), reflects the conceptual distinction which the authors make between assertive and aggressive behavior. Factor analysis reveals low correlations between the assertiveness and aggressiveness scales of the IBS. Moreover, there is no item overlap between the two types of scales. This instrument, which was used to measure assertiveness and

aggressiveness in this study, is further explained in the "Instruments" section of Chapter 2.

Hypotheses

Since its inception in 1977, the Oregon Leadership Development Program, a laboratory learning program administered by Oregon Leadership Institute (OLI), has sought to increase the interpersonal effectiveness of a over 1,000 participants who represent a variety of business, government, and professional organizations. However, the efficacy of the program has never been formally assessed. This study proposed to evaluate the effects of the program on the assertive and aggressive behaviors of participants. The following two hypotheses were tested at the .05 level of significance:

1. Treatment group participants will report a significant pretest to posttest increase on the IBS assertiveness scales, and will report higher posttest levels of assertiveness than comparison group participants, after adjusting for between-groups differences on the pretest and on selected demographic variables.

2. Treatment group participants will report a significant pretest to posttest decrease on the IBS aggressiveness scales, and will report lower posttest levels of aggressiveness than comparison group participants, after adjusting for between-groups differences on the pretest and on selected demographic variables.

CHAPTER 2

METHODS

Introduction

This study was designed to evaluate the effects of the Oregon Leadership Institute (OLI) laboratory learning program on the interpersonal behavior of participants. Changes in assertive and aggressive behaviors, as measured by the scales of the Interpersonal Behavior Survey (IBS), served as the dependent variables. This chapter details the methods used to carry out this study. The chapter is divided into six sections: (a) Design, (b) Subjects, (c) Instruments, (d) Data Collection, (e) Treatment, and (f) Statistical Analysis.

Design

The nature of this study made it suitable for the "quasi-experimental design" described by Campbell (1968) as "the application of an experimental mode of analysis and interpretation to bodies of data not meeting the full requirements of experimental control"

(p. 259). Campbell maintains that "where true experimental design with random assignment of persons to treatments is not possible, because of ethical considerations or lack of power, or infeasibility, application of quasi-experimental analysis has much to offer" (p. 259).

This study utilized a pretest-posttest design in which subjects are not randomly assigned to groups (see Table 1). Weiss (1972) suggests that this design is the most frequently used design in evaluation research. In this evaluation study, random assignment of subjects to treatment groups was deemed infeasible because participants in the OLI program were either self-selected or had been required to attend by their respective employers. Therefore, this study employed a non-equivalent control group design which is, according to Campbell and Stanley (1966), one of the most widely used designs in social science research. Furthermore, the study followed Campbell and Stanley's recommendation of matching the treatment and control groups as a means of guarding against unwanted regression effects. The non-equivalent control group will henceforth be referred to as a "comparison group" in this study.

Table 1

Quasi-Experimental Design Used in this Study

Group	Assignment	Pretest	Treatment	Postest
TG_1	NR	T_1	X	T_2
TG_2	NR	T_1	X	T_2
CG	NR	T_1	-	T_2

Note. TG_1 = Treatment Group #1. TG_2 = Treatment Group #2. CG = Comparison Group. NR = Nonrandomized. T_1 = Pretest (IBS). X = Treatment (Participation in an OLI program). - = No Treatment. T_2 = Posttest (IBS).

Subjects

This study had two treatment groups which corresponded to two OLI programs which were held. In each program participants attended a 3-day workshop (Phase I), returned to their jobs for a 27-day period (Phase II), and then attended another 3-day workshop (Phase III). Each group was comprised of participants who represented a variety of business, government, or professional organizations. In most cases participants were sponsored to attend by their employers.

Treatment Group #1

Twenty-four individuals attended OLI program #37 which was held March 8-11 and April 5-7, 1990. All of the 24 individuals agreed to participate in the study. However, one male participant was dropped from the study because he failed to return for Phase III of the program. Three other males were eliminated from consideration after their IBS tests proved to be invalid. The determination of invalidity was made according to the guidelines established by Mauger and Adkinson (1980), who stipulate that an IBS profile is uninterpretable if the Denial (DE) or the Impression Management (IM) scale scores are greater than or equal to 70T. In addition, the sole female participant was excluded from consideration since n=1 was deemed to be statistically insignificant for making gender comparisons.

The final count for the first treatment group was 19 participants, all of whom were male. The 19 participants ranged in age from 25 to 55, with a mean age of 39.52. The participants were drawn from eight different companies or organizations which could be classified into the following four categories (n=number of participants): State Highway Division-Oregon

Department of Transportation (n=8), wood products-lumber (n=8), engineering firm (n=2), and Marion County (n=1). Of the 19 participants, 9 reported that they had been required by their employer to attend the OLI laboratory, 9 reported that they attended on a voluntary basis, and 1 was undetermined.

Treatment Group #2

Twenty-six individuals attended OLI program #38 which was held May 3-6 and May 31-June 2, 1990. Twenty-five of the individuals agreed to participate in the study. One female arrived late to the program and thus was unable to participate in the study. Three male participants failed to complete the entire program and therefore were dropped from the study. Another male was eliminated from consideration after his IBS profile proved to be invalid. Two female participants were excluded from consideration since n=2 was considered too small for making statistical comparisons on the basis of gender.

The final count for the second treatment group was 19 participants, all of whom were male. These 19 participants ranged in age from 30 to 60 with a mean age of 41.36. The participants were drawn from seven companies or organizations which could be classified

into the following seven categories (n=number of participants): State Highway Division-Oregon Department of Transportation (n=6), wood products-lumber (n=5), engineering firm (n=3), Bonneville Power (n=2), financial company (n=1), Marion County (n=1), and retired (n=1). Of the 19 participants, 4 reported that they had been required by their employer to attend the OLI program and 15 reported that they had attended voluntarily.

Comparison Group

The heterogeneous composition of the two treatment groups made it difficult to find matched participants for the comparison group. A rough match was done on the basis of occupation and gender. Since over 84% of the first treatment group and over 57% of the second treatment group were composed of participants who were employed by either the State Highway Division-Oregon Department of Transportation or wood products-lumber companies, most comparison group participants were selected on the basis of their employment by one of these two types of employers.

Twenty-five individuals agreed to participate in the comparison group. One male participant was eliminated from consideration when it was discovered

that he had attended a previous OLI program. Another male was dropped from the study after he failed to complete an IBS posttest. A third male was excluded from consideration after his IBS pretest proved to be invalid. In order to match for gender, test data from three female participants was not used.

The final count for the comparison group was 19 participants, all of whom were male. The comparison group was composed of 7 participants who worked for Whittier Wood Products and 9 participants who worked for the State Highway Division-Oregon Department of Transportation. In addition, 3 participants were selected who were employed by Williams Bakery. The latter individuals were newly hired managers who were slated to attend a future OLI program. None of the comparison group participants had ever attended an OLI laboratory in the past. All participants completed an IBS pretest followed by an IBS posttest which was administered approximately 29 days later. Participants ranged in age between 26 and 55 with a mean age of 38.36.

Instruments

Interpersonal Behavior Survey (IBS)

The IBS was developed by Mauger and Adkinson (1980) to measure several aspects of interpersonal behavior. The instrument assesses a person's assertive and aggressive behaviors and is considered a general indicator of the manner in which a person deals with interpersonal conflict. The IBS has 272 items in a true-false format and is written at a sixth grade level. The authors of the IBS define assertiveness as "behavior directed toward reaching some desired goal which continues in the direction of that goal in spite of obstacles in the environment or the opposition of others" (Mauger & Adkinson, p. 1). Aggressiveness is defined as "behavior that originates from attitudes and feelings of hostility toward others. The purpose of aggressive behavior is to attack other individuals or to exert power over them in some fashion" (p. 1).

The IBS has 21 scales which are divided into four catagories: validity, aggressiveness, assertiveness, and relationship. Following is a brief description of each of the scales taken from the Interpersonal Behavior Survey Manual (Mauger & Adkinson, 1980).

Validity scales. These three scales reflect "test-taking attitudes, including impression management and infrequent responses" (p. 2). The scales provide an indication about whether or not an IBS profile is valid and interpretable.

1. Denial (DE) "indicates a hesitancy to admit to common but socially undesirable weaknesses and feelings" (p. 2).

2. Infrequency (IF) "indicates a tendency to endorse items that less than 10% of the normative sample endorsed" (p. 2).

3. Impression Management (IM) measures "the degree to which impression management plays a part in a person's responses to IBS items" (p. 2). The scale is intended to "detect a more sophisticated form of defensiveness than is tapped by the Denial scale" (p. 2).

Aggressiveness scales. These seven scales measure various dimensions of aggressive behavior.

1. General Aggressiveness, Rational (GGR) measures the "general response class of aggressiveness over a wide variety of item content including aggressive behaviors, feelings, and attitudes" (p. 4).

2. Hostile Stance (HS) "measures an antagonistic orientation toward other people, a view of the world that justifies aggression in order to get ahead in life or to protect oneself" (p. 4).

3. Expression of Anger (EA) "is an indication of the tendency to lose one's temper and express one's anger in a direct, forceful manner" (p. 4).

4. Disregard for Rights (DR) measures "the tendency to ignore the rights of others in order to protect oneself or to gain an advantage" (p. 4).

5. Verbal Aggressiveness (VE) "gives an indication of the using of words as weapons by doing such things a making fun of others, criticizing, and putting others down" (p. 4).

6. Physical Aggressiveness (PH) "reflects the tendency to use or fantasize using physical force" (p. 4).

7. Passive Aggressiveness (PA) samples behaviors such as stubborness, negativism, procrastination, and complaining. Such behaviors reflect "indirect or passive expression of aggressiveness" (p. 4).

Assertiveness scales. These eight scales measure various dimensions of assertive behavior.

1. General Assertiveness, Rational (SGR) "is a general measure of assertiveness" (p. 4).

2. Self-Confidence (SC) "measures the expression of positive attitudes about one's self and the expression of self-assurance" (p. 4).

3. Initiating Assertiveness (IA) is "an indication of leadership potential and the tendency to take an ascendent role in groups" (p. 5).

4. Defending Assertiveness (DA) "reflects behaviors related to standing up for one's rights" (p. 5).

5. Frankness (FR) "samples the willingness to clearly communicate one's true feelings and opinions (p. 5).

6. Praise (PR) "reflects one's degree of comfort in giving and receiving praise" (p. 5).

7. Requesting Help (RE) "measures the willingness to ask for reasonable favors and help when they are legitimately needed" (p. 5).

8. Refusing Demands (RF) "indicates the willingness to say 'no' to unreasonable or inconvenient demands from others" (p. 5).

Relationship scales. These three scales measure relationship factors and "sample behavior that is not clearly assertive or aggressive" (p. 26).

1. Conflict Avoidance (CA) measures the tendency to "evade open disagreement or conflict with others" (p. 5).

2. Dependency (DP) "indicates the degree to which a person is dependent upon others" (p. 5). It samples behaviors such as "relying on others for help in decision making, feelings of powerlessness and helplessness, fear of losing the support of others, and attention seeking" (p. 5).

3. Shyness (SH) "samples social behaviors such as friendliness, participation in social events, and the enjoyment of social interaction" (p. 5).

Normative data. The norm group for the IBS consisted of 400 male and 400 female community residents from the southern part of the United States. In collecting normative data, "care was taken to approximate the demographic distributions for the 1970 U.S. census" (Mauger & Adkinson, p. 11). In selecting a representive norm group, consideration was given to the demographic variables of age, race, gender, socioeconomic status, and community type (rural or

urban). Special norms are available for such groups as Black community residents, high school students, assaultive and nonassaultive persons, and psychiatric patients.

Reliability. Mauger and Adkinson (1980) report that the reliability characteristics of the IBS have been demonstrated using a test-retest format and a coefficient alpha internal consistency procedure. The modal test-retest reliability over both a 2-day period and 10-week period was found to be greater than .90.

Validity. Construct validity of the IBS is supported by factor analytic studies which demonstrate that distinct response classes are being measured by the assertiveness and the aggressiveness scales. There are no overlapping items on the two scales. Correlations of -.06 (females) and -.08 (males) between the General Agrressiveness, Rational (GGR) and General Assertiveness, Rational (SGR), and .10 (females) and .10 (males) between General Aggressiveness, Empirical (GGE) and General Assertiveness, Empirical (SGE), are in the predicted low to zero range (Mauger & Adkinson, 1980).

Mauger and Adkinson (1980) report that the convergent validity of the IBS has been demonstrated by

predicted correlations with established personality inventories using samples from a variety of populations. The SGR scale correlated .47 with the Dominance scale of the California Psychological Inventory (CPI), .63 with the dominance scale of the Edwards Personal Preference Schedule (EPPS), .64 with the College Self-Expression Scale, .74 with the Rathus Assertiveness Schedule, and .45 with the Assertion score of the Conflict Resolution Inventory. Correlations were found between the GGR and the aggression scale of the EPPS (.57), the Aggression scale on the Interpersonal Check List (ICL) (.47), and on the ICL Skeptical scale (.55) and Factor Hostility scale (.47). The IBS assertiveness scales were also found to be positively related to both spiritual well-being, as measured on the Spiritual Well-being Scale (Hawkins, 1986) and to social style assertiveness, as measured on the Social Style Adjective Rating Scale (Irwin, 1982).

Mauger and Adkinson (1980) report that the discriminant validity of the IBS is supported by the minimal correlations of the SGR scale with the aggression scales of the Buss-Durkee Hostility Inventory and the .22 correlation with the Aggression

scale of the EPPS. Further evidence of discriminant validity is found in the lack of sizable correlations of the GGR scale with the assertiveness scales of the College Self-Expression Scale (.27), the Rathus Assertiveness Schedule (.24), and the Assertion score of the Conflict Resolution Inventory (.03).

Reasons for utilizing the IBS in this study. The IBS was selected for use in this study for the following reasons:

1. Research has supported the effectiveness of the instrument in measuring a range of interpersonal behaviors (Mauger & Adkinson, 1980).

2. The instrument was considered to be useful for evaluating the Oregon Leadership Development Program because it samples interpersonal behavior domains which are relevent to the outcome goals of the program.

3. The instrument has proven useful as an outcome measure in previous studies. The IBS has been used as a repeated measure to evaluate assertiveness training programs (Hook, 1982; Lazaroff, 1981; L'Herrison, 1979; Secor, 1986; Waldron, 1987; Yeager, 1982). Thomas (1990) used a pretest-posttest administration of the IBS to evaluate a cognitive-behavioral anger management group. All of the items of the IBS are written in the

present tense, making the instrument sensitive to change.

4. The IBS has shown convergent and discriminant validity when correlated with other established personality inventories (Mauger & Adkinson, 1980).

5. Factor analysis has supported the construct validity of the intrument (Mauger & Adkinson, 1980).

6. The modal test-retest reliability value of greater than .90 over both a 2-day period and a 10-week period suggests that changes in scores over time are minimally affected by the unreliability of the scales or by regression effects (Mauger & Adkinson, 1980).

Background Information Questionnaire

All participants were also asked to complete a Background Information questionnaire (Appendix D). The questionnaire was designed to collect demographic information in the following areas: age, gender, marital status, education level, income level, and occupation. In addition, two questions were included which provided information which was not used in this study but which may prove useful in any follow-up studies which may be done. Question #7 asked participants to indicate whether or not they had been required to attend the OLI program by their employers.

Question #8 asked participants to rate their attitude about attending the OLI program.

Data Collection

Obtaining Permission to Conduct the Study

On February 27, 1990, a proposal was submitted to the Oregon Leadership Institute (OLI) Board requesting permission to conduct this study (Appendix A). After considering the proposal, the OLI Board granted permission to proceed with the study on February 28, 1990 (Appendix A). To ensure that adequate provision was made for safeguarding the health and dignity of participants, the proposed research was reviewed by the Human Subjects Research Committee (HSRC) of Western Conservative Baptist Seminary. On September 14, 1990 the HSRC granted permission to proceed with the study.

Procedures Used in Conducting the Research

It was decided to use participants from two OLI programs rather than just one. It was reasoned that using two treatment groups, representing two separate OLI programs, would serve to increase the strength of the inferences that could be made about treatment effects if those effects were found in both groups. Participants in the first treatment group attended OLI

program #37 which was held March 8-11 (Phase I) and April 5-7 (Phase III), 1990. Participants in the second treatment group attended OLI program #38 which was held May 3-6 (Phase I) and March 31-June 2 (Phase III), 1990. Phases I and III were separated by an 26-day period (Phase II), during which time participants returned to their jobs and sought to complete a self-tailored back home project.

The procedure for collecting the data was the same for both treatment groups. As the participants checked in for Phase I, they were each given a letter from Dr. H. Charles Pyron, Executive Director of OLI (Appendix B). The letter explained the purposes of the study and gave individuals the option of participating in the research. Those who decided to participate were asked to read an instruction sheet (Appendix C) which provided directions for both filling out a Background Information questionnaire (Appendix D) and for completing the Interpersonal Behavior Survey (IBS). The Background Information questionnaire solicited information with regards to age, gender, marital status, education, income, occupation, whether or not the person was required to attend the program, and attitude about attending the program. A coding system

was used on both the Background Information questionnaire and the IBS answer sheet to protect the confidentiality of participants.

An interval of 29 days separated the administration of the IBS pretest and the posttest. The posttest was administered to participants on the afternoon of the last day of Phase III. The testing occurred prior to two final program activities. During the evening of the same day, participants broke into their assigned teams for a last feedback session. This was followed by wrap-up general session and a social time for all participants. Practical considerations guided the decision made by the OLI staff to administer the posttest prior to these final activities. Since the wrap-up session usually does not conclude until after 10 p.m., the staff thought that it would be too late, especially after a long day, to ask participants to take 45 minutes to complete the IBS. Other options, such as having participants complete the IBS the next morning or mail them in, were rejected because of the possibility of losing data. Moreover, the last two activities were not considered to be crucial learning events. Thus, administering the IBS prior to these

last activities was considered the best option given the scheduling realities.

Participants for the comparison group were selected by Dr. H. Charles Pyron, Executive Director of OLI. In matching for gender, all of the participants selected were male. In matching for occupation, most participants were selected on the basis of their employment by either the State Highway Division-Oregon Department of Transportation or wood products-lumber companies. The latter decision was made because these two employers accounted for the greatest number of participants in the two treatment groups. In addition, three participants were selected who were employed by Williams Bakery. The latter participants were selected because they were scheduled to attend a future OLI program. None of the comparison group participants had attended an OLI laboratory program.

Potential participants were given a letter from Dr. Pyron (Appendix B) which explained the purposes of the study and gave them the option of participating. Those who chose to participate were asked to read an instruction sheet (Appendix C). Participants then completed a Background Information questionnaire which was identical to the one filled out by treatment

participants except that the last two questions were eliminated. These questions (#7: "Did your company require you to attend this OLI Program?" and #8: "How would you describe your attitude about participating in this OLI program?") were deemed inapplicable to comparison group participants who had not yet attended an OLI program. Participants then completed the IBS pretest. Participants were asked to complete an IBS posttest approximately 29 days later. Thus an attempt was made to replicate the 29-day time span which separated the pretest and posttest in the two treatment groups. A coding system was used on all submitted materials so as to protect the confidentiality of participants.

Treatment

The purpose of this section is to provide an overview of the OLI laboratory programs #37 and #38 which served as the focus of this study. For each program, participants attended a 3-day workshop (Phase I), returned to their jobs for a 27-day period (Phase II), and then attended another 3-day workshop (Phase III). OLI program #37 was held March 8-11 (Phase I) and April 5-7 (Phase III), 1990. OLI program #38 was

held May 3-6 (Phase I) and May 31-June 2 (Phase III), 1990. The first phase for both programs was held at Lake Creek Lodge, a retreat setting located in Central Oregon. The third phases of programs #37 and #38 were held at hotels located in the Oregon coastal towns of Cannon Beach and Newport, respectively.

The staff for each program consisted of a program administrator and three trainers. All of the trainers held either a Masters or a Doctoral degree in a related field and were experienced with regards to laboratory training philosophy and methodology. One of the trainers for program #37 was a female while all of the other trainers were male. With one exception, all of the trainers for Phase I also conducted Phase III for each program. The staff were different for the two programs with the exception of one individual who was a trainer for both program #37 (Phase III) and program #38 (Phases I and III).

Phase I

Phase I commenced at approximately 2 p.m. on a Thursday and ended at about 11 a.m. on Sunday. A detailed program schedule is found in Appendix F. When most participants arrived Thursday morning, they were given the materials they needed to participate in this

research study if they so chose. Each participant was also given a 123 page notebook which contained training materials which would be used in all phases of the program. A reproduction of the table of contents of this notebook is found in Appendix E.

Participants were divided by the staff into three Training groups (T-groups). The division was made so that the groups would be roughly equal in size and employees from the same company or organization would be in different groups. The latter was done so as to avoid the contamination of groups that might occur if particular members entered the group with a prior relationship. A trainer was matched with each group. During the course of Phase I, participants spent approximately 18 hours in their respective T-groups.

The T-groups were conducted in a way that was consistent with the general description of T-group goals and methodology which was provided in Chapter 1. The T-groups were relatively unstructured groups without a fixed agenda. The focus was on the here-and-now. The trainer served the role of a facilitator for the group. In the early stages of the group, the trainer took a less active role so as to create a leadership vacuum that would be filled by the

group members' own behavior. The trainer became more active as the groups progressed. When deemed appropriate, the trainer would do such things as make interventions, offer observations or process comments, provide feedback, and protect group members when necessary. Each trainer sought to create a safe group environment wherein participants could observe interpersonal behavior and group processes, give and receive feedback, and take interpersonal risks (e.g., self-disclose, experiment with new behaviors, etc.)

The participants also spent approximately five hours attending general sessions. The format of these general sessions included brief lectures and experiential exercises which related to topics such as leadership style, communication skills, risk taking, and group processes. Participants were also given approximately three hours Sunday morning to formulate a back home project. A more detailed description of program content for Phase I is found in the trainers guide which is reproduced in Appendix F.

Phase II

Phase II was the 27-day period which separated the end of Phase I and the beginning of Phase III. During this period, participants returned to their jobs and

sought to carry out the back home projects which they had planned in Phase I. The purpose of the back home projects was to provide a learning bridge from the laboratory to the workplace. Back home projects typically have included such learning applications as being assertive with a peer or boss, taking steps to encourage more teamwork among peers or subordinates, dealing with a personnel problem, or carrying out a particular production project. During Phase I, participants meet in pairs or trios to plan, share, and refine their back home projects. During Phase II participants are encouraged to stay in touch with their pair or trio members as a source of support and accountability.

Phase III

Phase III commenced at about 1 p.m. on a Thursday and ended at about 10 p.m. on Saturday. A program schedule for Phase III is found in Appendix G. Participants were given an opportunity to debrief how their Phase II back home projects had gone. Participants were then divided into three teams that were approximately equal in size. Groups were mixed in such a way that no person would be on a team with all of the same people who were in his or her T-group for

Phase I. To avoid contamination of teams, participants from the same company or organization were placed on different teams. One trainer was matched with each team.

The focus of Phase III was on team building. Participants spent over 12 hours in their teams. Three exercises were conducted which fostered competition among the teams. The intent of the exercises was to heighten awareness and understanding of the interpersonal and group factors which serve to either help or hinder group performance. Participants also attended general sessions which dealt with such topics as leadership style, conflict management, and team building. Feedback was provided by both team members and diagnostic instruments in order to help participants become more aware of the behaviors which were helping or hindering their own leadership effectiveness. A more detailed description of program content for Phase III is found in the trainers guide which is reproduced in Appendix G. Additional information about the OLI program may be obtained by writing or calling: Oregon Leadership Institute - P.O. Box 108 - Dexter, OR 97431 - (503) 937-2317.

Statistical Analysis

The purpose of this study was to evaluate the effects of the Oregon Leadership Institute (OLI) laboratory learning program on the assertive and aggressive behaviors of participants, as measured by the respective scales of the Interpersonal Behavior Survey (IBS). All statistical analysis was performed on a AST-386C microcomputer using both Statistical Package for the Social Sciences/Personal Computer-Plus (SPSS/PC+; Norusis, 1986) and BMDP (BMDP Statistical Software, Inc., 1991) software. An alpha level of .05 was set for testing the two hypotheses in this study.

The first hypothesis stated that participants completing the OLI program would report an increase in assertive behaviors, as measured by the IBS, when compared to comparison group participants on a pretest/posttest analysis. The hypothesis was investigated for two treatment groups corresponding to two separate OLI programs. The independent variable was participation in the OLI laboratory learning program: the comparison group participants did not attend the program whereas participants from the two treatment groups completed the OLI program. The dependent variable was assertive behavior, which was

operationalized as posttest scores on the eight assertiveness scales of the IBS: (a) General Assertiveness, Rational (SGR); (b) Self-Confidence (SC); (c) Initiating Assertiveness (IA); (d) Defending Assertiveness (DA); (e) Frankness (FR); (f) Praise (PR); (g) Requesting Help (RE); and (h) Refusing Demands (RF).

The second hypothesis stated that participants completing the OLI program would report a decrease in aggressive behaviors, as measured by the IBS, when compared to comparison group participants on a pretest/posttest analysis. As in the first hypothesis, two treatment groups were used and the independent variable was participation in the OLI program. The dependent variable was aggressive behavior, which was operationalized as posttest scores on the seven aggressiveness scales of the IBS: (a) General Aggressiveness, Rational (GGR); (b) Hostile Stance (HS); (c) Expression of Anger (EA); (d) Disregard for Rights (DR); (e) Verbal Aggressiveness (VE); (f) Physical Aggressiveness (PH); and (g) Passive Aggressiveness (PA).

The IBS was administered on a pretest-posttest basis to the comparison group and to the two treatment

groups. Two analyses were performed to test each hypothesis. First, a paired samples *t*-test was utilized to determine possible treatment effects from significant differences between pretest and posttest mean scale scores for each of the three groups. A paired samples *t*-test is appropriate when the same participants are measured before and after treatment (self-pairing). The purpose of using such a statistic is "to reduce extraneous influences on the variable being measured. That is, pairing reduces the effect of subject-to-subject variability" (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975, p. 270).

The second analysis involved making comparisons between groups, utilizing a one-way analysis of covariance (ANCOVA). The posttest IBS assertiveness mean scale scores (Hypothesis One) and aggressiveness mean scale scores (Hypothesis Two) were compared between groups using the ANCOVA design with the appropriate pretest scale score and demographic variables (i.e., marital status, education, income) serving as covariates in each analysis. One-way ANCOVA is a univariate statistical procedure which is appropriate for making comparisons between single dependent variables across two or more groups (Huitema,

1980). Table 2 summarizes the one-way ANCOVA procedure which was used for testing the two hypotheses in this study. A post hoc *t*-test comparison was made between each pair of adjusted posttest mean scores for each ANCOVA procedure which yielded a significant *F* ratio (Engelman, 1990).

Several reasons are given for using a covariate statistical analysis to test the two hypotheses in this study. First, each hypothesis identified several single dependent variables to be compared across three groups. Therefore, the use of a one-way univariate statistic (ANCOVA) was appropriate (Huitema, 1980). Second, the use of a pretest-postest design in this study presented the possibility of practice effects since each subject was exposed twice to the IBS. Since alternate forms of the IBS do not exist, it was necessary to statistically minimize the influence of practice effects on the posttest scores. One-way ANCOVA addresses this problem by removing the differences in posttest scores that can be predicted by using the test (Huitema, 1980). Third, random selection and assignment of participants to groups was not feasible in this study. This introduces the problem of between-groups variability on the pretest

Table 2

One-Way ANCOVA Procedure Used in Testing the Hypotheses

Dependent Variables:

Hypothesis One: Posttest IBS assertiveness scale score means

Hypothesis Two: Posttest IBS aggressiveness scale score means

Independent Variable: Participation in OLI program

1. Received Treatment
   a. Treatment Group #1 (TG_1)
   b. Treatment Group #2 (TG_2)
2. No Treatment - Comparison Group (CG)

Treatment		No Treatment
TG_1	TG_2	CG
N=19	N=19	N=19

Covariates:

Hypothesis One: Pretest IBS assertiveness scale score means and selected demographic variables (marital status, education, and income)

Hypothesis Two: Pretest IBS aggressiveness scale score means and selected demographic variables (marital status, education, and income)

IBS scores and on demographic variables which may influence scores. The ANCOVA procedure statistically adjusts for differences between groups on these variables (Huck, Cormier & Bounds, 1974).

CHAPTER 3

RESULTS

Introduction

This chapter presents the results in three sections. The first section presents descriptive demographic information for the two treatment groups and for the comparison group. The demographics include the continuous variable of age and the categorical variables of gender, marital status, education, gross family income, and occupation. The second section contains the Interpersonal Behavior Survey (IBS) pretest and posttest results for the three groups. The third section presents the results of evaluating the hypotheses.

Demographic Data

Demographics were collected on participants in treatment group #1 (TG_1), treatment group #2 (TG_2), and in the comparison group (CG). These are summarized in Table 3.

Table 3

Demographics: Treatment Group #1 (TG_1), Treatment Group #2 (TG_2), and Comparison Group (CG)

Continuous variables

	TG_1 (n=19)		TG_2 (n=19)		CG (n=19)	
	Mean	SD	Mean	SD	Mean	SD
Age	39.52	9.44	41.36	7.12	38.36	8.61
	Min	Max	Min	Max	Min	Max
	25	55	30	60	26	55

Categorical variables

	TG_1 (n=19)		TG_2 (n=19)		CG (n=19)	
	Total	%	Total	%	Total	%
Gender						
Male	19	100.0	19	100.0	19	100.0
Female	0	---	0	---	0	---

(table continues)

Table 3--Continued

	TG_1 (n=19)		TG_2 (n=19)		CG (n=19)	
	Total	%	Total	%	Total	%
Marital status						
Never married	0	---	2	10.5	1	5.3
Married	18	94.7	17	89.5	15	78.9
Divorced	0	---	0	---	1	5.3
Separated	1	5.3	0	---	1	5.3
Widowed	0	---	0	---	1	5.3
Education						
Grade school	0	---	0	---	0	---
Some high school	1	5.3	0	---	0	---
Completed high school	3	15.8	3	15.8	5	26.3
Some college	6	31.6	3	15.8	10	52.6
Completed college	8	42.1	6	31.6	1	5.3
Some graduate work	0	---	2	10.5	1	5.3
A graduate degree	1	5.3	5	26.3	2	10.5

(table continues)

Table 3--Continued

	TG_1 (n=19)		TG_2 (n=19)		CG (n=19)	
	Total	%	Total	%	Total	%
Gross Family Income						
Below $10,000	0	---	0	---	0	---
$10,000 to $19,999	0	---	0	---	1	5.3
$20,000 to $29,999	3	15.8	0	---	5	26.3
$30,000 to $39,999	4	21.1	8	42.1	5	26.3
$40,000 to $49,999	7	36.8	5	26.3	6	31.6
Over $50,000	5	26.3	6	31.6	2	10.5
Occupation						
State Highway/ODOT	8	42.1	6	31.6	9	47.4
Wood products/lumber	8	42.1	5	26.3	7	36.8
Engineering	2	10.5	3	15.8	0	---
Williams Bakery	0	---	0	---	3	15.8
Bonneville Power	0	---	2	10.5	0	---
Marion County	1	5.3	1	5.3	0	---
Financial	0	---	1	5.3	0	---
Retired	0	---	1	5.3	0	---

TG_1 Demographics

The first treatment group was comprised of individuals who attended OLI program #37. Nineteen of the 24 individuals who attended the program ended up participating in the study (see Chapter 2 for the reasons that participants were disqualified). Of the 19 participants, 9 reported that they had been required by their employer to attend the OLI laboratory, 9 reported that they attended on a voluntary basis, and 1 was undetermined.

The ages of participants ranged from 25 to 55 years with a mean age of 39.52 years. All of the participants were male. Eighteen (94.7%) of the 19 participants were married and one (5.3%) participant reported being separated. One (5.3%) individual completed some high school while three (15.8%) completed high school. A majority of the participants completed college (42.1%) or had attended some college (31.6%). One (5.3%) person attained a graduate degree.

Gross family income for the participants in the first treatment group ranged from three (15.8%) at $20,000 to $29,999 per year to five (26.3%) at over $50,000 per year. Four (21.1%) individuals reported earnings of $30,000 to $39,999 per year while seven

(36.8%) reported income in the $40,000 to $49,999 range.

Eight (42.1%) participants worked for the Oregon State Highway Department-Oregon Department of Transportation; eight (42.1%) were employed by either wood products or lumber companies; two (10.5%) worked for an engineering firm; and one (5.3%) was employed by Marion County.

TG_2 Demographics

The second treatment group was comprised of individuals who attended OLI program #38. Nineteen of the 26 individuals who attended the program ended up participating in the study (see Chapter 2). Of the 19 participants, 4 reported that they had been required by their employer to attend the OLI program and 15 indicated that they had attended voluntarily.

Participants ranged in age from 30 to 60 years with a mean age of 41.36 years. All of the participants were male. Eighteen (89.5%) of the participants were married while two (10.5%) reported never having been married. Level of education ranged from three (15.8%) who completed high school to five (26.3%) who attained a graduate degree. Three (15.8%) participants attended some college; six (31.6%)

completed college; and two (10.5%) did some graduate work.

Gross family income for participants in the second treatment group ranged from eight (42.1%) in the $30,000 to $39,999 range to six (31.6%) who reported income over $50,000. Six participants reported income in the $40,000 to $49,999 range.

Six (31.6%) participants were employed by the Oregon State Highway Division-Oregon Department of Transportation while five (26.3%) worked for either a wood products or lumber company. Three (15.8%) participants worked for an engineering firm; two (10.5%) worked for Bonneville Power; one (5.3%) worked for Marion County; one (5.3%) worked for a financial company; and one (5.3%) was retired.

CG Demographics

Twenty-five individuals volunteered to participate in the comparison group. The final number of participants was reduced to 19 as 6 participants were disqualified for various reasons (see Chapter 2). The ages of the 19 participants ranged from 26 to 55 years with a mean age of 38.36. All of the participants were male. Fifteen (78.9%) of the participants were married; one (5.3%) reported never having been married;

one (5.3%) was divorced; one (5.3%) was separated; and one (5.3%) reported being widowed. Level of education ranged from five (26.3%) participants who completed high school to two (10.5%) who attained a graduate degree. Ten (52.6%) individuals attended some college; one (5.3%) completed college; and one (5.3%) did some graduate work.

Gross family income of comparison group participants ranged from one (5.3%) person in the $10,000 to $19,999 range to two (10.5%) persons who reported making over $50,000. Five (26.3%) participants reported income in the $20,000 to $29,999 range; five (26.3%) were in the $30,000 to $39,999 range; and six (31.6%) were in the $40,000 to $49,999 range.

With regards to occupation, nine (47.4%) participants were employed by the Oregon State Highway Division-Oregon Department of Transportation; seven (36.8%) worked for wood products or lumber companies; and three (15.8%) were employed by Williams Bakery.

Demographics Comparison

Each of the three groups contained 19 male participants. The three group means for age were within a range of three years. While a majority of

participants in all three groups were married, a higher relative percentage of CG participants fell into other categories.

A higher percentage (68.4%) of TG_2 had completed a college degree or better as compared to TG_1 (47.4%) and CG (21.1%). TG_2 also had the highest relative percentage (100%) of participants with incomes over $30,000 as compared to TG_1 (84.2%) and CG (68.4%). A majority of participants in all three groups were employed by either the Oregon State Highway Division-Oregon Department of Transportation or wood products-lumber companies. However, a higher relative proportion of TG_2 participants were employed in alternate fields.

IBS Results

Table 4 displays the IBS pretest T-score scale means and standard deviations (SD) for the two treatment groups and for the comparison group. The IBS posttest T-score scale means and standard deviations (SD) for the three groups is featured in Table 5. This data is organized so as to allow for comparisons of mean scale scores for the three groups. These

Table 4

Interpersonal Behavior Survey (IBS): Pretest T-scores for Treatment Group #1 (TG_1), Treatment Group #2 (TG_2), and Comparison Group (CG)

	TG_1 (n=19)		TG_2 (n=19)		CG (n=19)	
Scale	Mean	SD	Mean	SD	Mean	SD
Aggressiveness Scales						
GGR	41.000	8.13	42.263	7.97	40.947	7.41
HS	41.368	6.89	43.263	9.46	42.368	7.47
EA	46.263	9.20	45.053	8.81	44.000	8.29
DR	43.105	8.74	45.579	8.67	42.421	5.60
VE	43.421	7.58	44.263	6.40	44.211	10.52
PH	44.737	7.37	41.105	6.58	41.368	4.93
PA	43.263	7.30	42.211	6.29	39.368	4.68
Assertiveness Scales						
SGR	51.684	9.70	52.105	8.17	54.000	7.96
SC	47.263	9.91	47.474	9.96	50.947	9.28
IA	53.158	8.87	50.947	9.01	52.158	8.42
DA	51.211	10.59	55.368	8.50	54.316	8.68

(table continues)

Table 4--Continued

	TG_1 (n=19)		TG_2 (n=19)		CG (n=19)	
Scale	Mean	SD	Mean	SD	Mean	SD
FR	49.000	9.87	48.842	8.01	53.000	9.66
PR	47.211	12.79	46.421	9.53	47.316	10.83
RE	48.263	10.33	48.263	10.55	53.053	8.56
RF	52.579	10.27	51.579	9.78	55.316	9.62

Note. GGR = General Aggressiveness, Rational; HS = Hostile Stance; EA = Expression of Anger; DR = Disregard for Rights; VE = Verbal Aggressiveness; PH = Physical Aggressiveness; PA = Passive Aggressiveness; SGR = General Assertiveness, Rational; SC = Self Confidence; IA = Initiating Assertiveness; DA = Defending Assertiveness; FR = Frankness; PR = Praise (Giving/Receiving); RE = Requesting Help; RF = Refusing Demands.

Table 5

Interpersonal Behavior Survey (IBS): Posttest T-scores for Treatment Group #1 (TG_1), Treatment Group #2 (TG_2), and Comparison Group (CG)

	TG_1 (n=19)		TG_2 (n=19)		CG (n=19)	
Scale	Mean	SD	Mean	SD	Mean	SD
Aggressiveness Scales						
GGR	41.000	9.45	42.000	8.81	39.947	8.95
HS	42.368	9.38	42.158	10.95	41.316	10.65
EA	44.895	7.88	43.579	5.37	43.105	8.39
DR	42.895	8.06	46.263	8.51	41.000	7.71
VE	42.368	8.22	45.368	6.44	42.737	8.30
PH	44.632	9.52	41.474	7.43	42.526	6.66
PA	41.421	5.86	42.368	5.24	39.632	5.72
Assertiveness Scales						
SGR	53.895	9.19	56.526	5.68	53.053	11.24
SC	48.211	10.89	49.211	9.46	47.526	12.46
IA	55.474	9.52	56.474	6.13	54.316	9.86
DA	55.684	6.73	57.789	7.25	54.000	11.46

(table continues)

Table 5--Continued

	TG_1 (n=19)		TG_2 (n=19)		CG (n=19)	
Scale	Mean	SD	Mean	SD	Mean	SD
FR	52.263	9.06	52.789	7.82	52.895	9.03
PR	49.368	11.14	48.684	10.19	48.947	12.59
RE	49.579	10.30	50.211	10.02	48.789	12.21
RF	53.789	7.31	54.632	10.63	55.316	12.94

Note. GGR = General Aggressiveness, Rational; HS = Hostile Stance; EA = Expression of Anger; DR = Disregard for Rights; VE = Verbal Aggressiveness; PH = Physical Aggressiveness; PA = Passive Aggressiveness; SGR = General Assertiveness, Rational; SC = Self Confidence; IA = Initiating Assertiveness; DA = Defending Assertiveness; FR = Frankness; PR = Praise (Giving/Receiving); RE = Requesting Help; RF = Refusing Demands.

comparisons are the basis for the analysis which will be used to test the hypotheses in the next section.

Tests of the Hypotheses

The two hypotheses asked whether exposure to treatment would produce significant changes in assertive and aggressive behavior as measured by the scales of the IBS. Two steps of analysis were performed to test these hypotheses. A significance level of .05 ($p < .05$) was used to determine significance.

Paired Samples T-test

A paired samples *t*-test was utilized to determine possible treatment effects from significant differences between pretest and posttest scale score means for the two treatment groups and for the comparison group. A summary of the analysis is presented in Tables 6 and 7.

Analysis of Covariance

Analysis of covariance (ANCOVA) was used to make between-groups comparisons between adjusted posttest scale score means. Pretest scale score means and selected demographic variables were entered as covariates in order to control for differences between the groups on these variables.

Table 6

Paired Samples T-test Between IBS Pretest and Postest Scale Score Means for Treatment Group #1 (TG_1) and Treatment Group #2 (TG_2)

	TG_1 (n=19)			TG_2 (n=19)		
Scale	Pre	Post	T-Value	Pre	Post	T-Value
Aggressiveness Scales						
GGR	41.000	41.000	0.00	42.263	42.000	-0.16
HS	41.368	42.368	0.47	43.263	42.158	-0.78
EA	46.263	44.895	-0.72	45.053	43.579	-0.88
DR	43.105	42.895	-0.08	45.579	46.263	0.37
VE	43.421	42.368	-0.55	44.263	45.368	0.69
PH	44.737	44.632	-0.06	41.105	41.474	0.33
PA	43.263	41.421	-1.24	42.211	42.368	0.18
Assertiveness Scales						
SGR	51.684	53.895	1.71	52.105	56.526	3.78***
SC	47.263	48.211	0.49	47.474	49.211	0.89
IA	53.158	55.474	1.05	50.947	56.474	4.18***
DA	51.211	55.684	3.08**	55.368	57.789	2.17*

(table continues)

Table 6--Continued

	TG_1 (n=19)			TG_2 (n=19)		
Scale	Pre	Post	T-Value	Pre	Post	T-Value
FR	49.000	52.263	2.08*	48.842	52.789	2.52*
PR	47.211	49.368	0.91	46.421	48.684	1.27
RE	48.263	49.579	0.52	48.263	50.211	1.08
RF	52.579	53.789	0.50	51.579	54.632	1.33

Note. GGR = General Aggressiveness, Rational; HS = Hostile Stance; EA = Expression of Anger; DR = Disregard for Rights; VE = Verbal Aggressiveness; PH = Physical Aggressiveness; PA = Passive Aggressiveness; SGR = General Assertiveness, Rational; SC = Self Confidence; IA = Initiating Assertiveness; DA = Defending Assertiveness; FR = Frankness; PR = Praise (Giving/Receiving); RE = Requesting Help; RF = Refusing Demands.

* $p < .05$. ** $p < .01$. *** $p < .001$. Two-tailed.

Table 7

Paired Samples T-test Between IBS Pretest and Postest Scale Score Means for Comparison Group (CG)

	CG (n=19)		
Scale	Pre	Post	T-Value
Aggressiveness Scales			
GGR	40.947	39.947	-0.94
HS	42.368	41.316	-0.65
EA	44.000	43.105	-0.99
DR	42.421	41.000	-1.23
VE	44.211	42.737	-1.09
PH	41.368	42.526	0.62
PA	39.368	39.632	0.26
Assertiveness Scales			
SGR	54.000	53.053	-0.72
SC	50.947	47.526	-2.12*
IA	52.158	54.316	2.04
DA	54.316	54.000	-0.17
FR	53.000	52.895	-0.08

(table continues)

Table 7--Continued

	CG (n=19)		
Scale	Pre	Post	T-Value
PR	47.316	48.947	1.33
RE	53.053	48.789	-3.20**
RF	55.316	55.316	0.00

Note. GGR = General Aggressiveness, Rational; HS = Hostile Stance; EA = Expression of Anger; DR = Disregard for Rights; VE = Verbal Aggressiveness; PH = Physical Aggressiveness; PA = Passive Aggressiveness; SGR = General Assertiveness, Rational; SC = Self Confidence; IA = Initiating Assertiveness; DA = Defending Assertiveness; FR = Frankness; PR = Praise (Giving/Receiving); RE = Requesting Help; RF = Refusing Demands.

* $p < .05$. ** $p < .01$. Two-tailed.

Hypothesis One

The paired samples *t*-test analysis provided some support for the hypothesis that treatment would produce a significant increase in assertive behaviors, as measured by the assertiveness scales of the IBS. As shown in Table 6, all eight assertiveness scale means of both TG_1 and TG_2 changed in a positive direction from the pretest to the posttest. Two of the eight scales showed statistically significant increases for TG_1: Defending Assertiveness (DA) and Frankness (FR). For TG_2, four of the eight scales exhibited statistically significant increases: General Assertiveness, Rational (SGR), Initiating Assertiveness (IA), Defending Assertiveness (DA), and Frankness (FR).

For CG, five of the eight assertiveness scales evidenced changes in the negative direction, two showed changes in the positive direction, and one scale mean remained unchanged from pretest to posttest (see Table 7). None of the CG scales showed statistically significant increases. Two scales, Self-Confidence (SC) and Requesting Help (RE), exhibited statistically significant decreases from pretest to posttest.

The one-way ANCOVA procedure found that of the eight assertiveness scales, only the General

Assertiveness, Rational (SGR) scale showed significant group mean differences ($p < .05$). The SGR pretest covariate accounted for a statistically significant amount of the variance. The amount of variance that could be attributed to each of the demographic covariates (i.e., marital status, education, income level) was not found to be statistically significant. Table 8 summarizes the results of the ANCOVA analysis for the SGR scale.

A post hoc *t*-test comparison was made between each pair of SGR posttest means which were adjusted for between-groups differences on SGR pretest means, marital status, education, and income level. *T*-test comparisons of the adjusted SGR group means found that the TG_2 mean was significantly greater than the CG mean ($p < .05$). No significant difference was found when the adjusted SGR mean for TG_1 was compared to the adjusted means for either CG or TG_2. The adjusted SGR posttest means and post hoc *t*-test matrix are presented in Table 9.

Hypothesis Two

The hypothesis that exposure to treatment would produce a significant decrease in aggressive behaviors, as measured by the aggressiveness scales of the IBS,

Table 8

Analysis of Covariance for the General Assertiveness, Rational (SGR) Scale (Posttest)

Analysis of Covariance

Source of Variation	SS	DF	MS	F Ratio	F Sig
Covariates	2802.386	4	700.597	23.223	.000***
SGR Pretest	1952.415	1	1952.415	64.718	.000***
Marital	.449	1	.449	.015	.903
Education	32.556	1	32.556	1.079	.304
Income	15.679	1	15.679	.520	.474
Main Effects	193.450	2	96.725	3.206	.049*
Group	193.450	2	96.725	3.206	.049*
Explained	2995.836	6	499.306	16.551	.000***
Residual	1508.410	50	30.168		
Total	4504.246	56	80.433		

Note. N = 57. Analysis with demographics and pretest scores held as covariates.

* p < .05. *** p < .001. One-tailed.

Table 9

Adjusted Group Posttest Means and Post Hoc T-test Matrix for the General Assertiveness, Rational (SGR) Scale

Group	N	Group Mean	Adjusted Group Mean	Standard Error
TG_1	19	53.895	54.704	1.284
TG_2	19	56.526	56.942	1.349
CG	19	53.053	51.828	1.359

Post Hoc T-test Matrix on 50 Degrees of Freedom

Group	TG_1	TG_2	CG
TG_1	0.00		
TG_2	1.20	0.00	
CG	-1.52	-2.53*	0.00

Note. TG_1 = Treatment Group #1. TG_2 = Treatment Group #2. CG = Comparison Group. * Denotes pairs of group means significantly different at $p < .05$. Two-tailed.

was not supported by the paired samples *t*-test analysis. As seen in Tables 6 and 7, none of the seven aggressiveness scale score means showed statistically significant changes from the pretest to the posttest for any of the three groups. Likewise, the results of the ANCOVA procedure failed to support the hypothesis. No statistically significant differences were found between any of the aggressiveness scale posttest means that were adjusted for between-groups differences on pretest scores and on selected demographic variables.

CHAPTER 4

DISCUSSION

Introduction

This chapter presents a discussion of the research results set fourth in Chapter 3. The chapter is divided into four sections: (a) A summary and discussion of the results, (b) Implications of the research, (c) Suggestions for further research, and (d) Summary.

Summary and Discussion of the Results

This section provides a summary and discussion of the results of both the paired samples *t*-test and of the one-way analysis of covariance (ANCOVA). The results of these analyses are presented for the two hypothesis in this study. Possible threats to validity are also addressed.

Hypotheses One

The first hypothesis stated that participants completing the Oregon Leadership Institute (OLI) program would report a significant increase in

assertive behaviors, as measured by the assertiveness scales of the Interpersonal Behavior Survey (IBS). The hypothesis was investigated for two treatment groups, corresponding to two separate OLI programs, and for a comparison group composed of participants who had not attended an OLI program.

The hypothesis was partially supported by the paired samples *t*-test analysis which was used to determine possible treatment effects from significant differences between pretest and posttest mean scores for each of the eight assertiveness scales of the IBS. Two scales, Defending Assertiveness (DA) and Frankness (FR), exhibited significant increases from pretest to posttest for both treatment groups. The positive change on the DA scale suggests an increase in behaviors related to taking a stand for one's rights. The change in the positive direction on the FR scale may be indicative of an increase in a participant's "willingness to clearly communicate one's true feelings and opinions even though these expressions may be unpopular or may cause a confrontation with others" (Mauger & Adkinson, 1980, p. 5).

Two additional assertiveness scales showed significant increases from pretest to posttest for

the second treatment group. Change in the positive direction on the General Assertiveness, Rational (SGR) scale suggests an increase in a broad range of assertive behaviors. The Initiating Assertiveness (IA) scale provides an "indication of leadership potential and the tendency to take an ascendent role in groups" (Mauger & Adkinson, 1980, p. 5). The positive change on the IA scale indicates an increased willingness to verbally participate in public settings and to express personal opinions and suggestions.

None of the assertiveness scales demonstrated significant increases from pretest to posttest for the comparison group. An unexpected significant decrease was found on two scales, Self-Confidence (SC) and Requesting Help (RE). The SC scale "measures the expression of positive attitudes about one's self and the expression of self-assurance" (Mauger & Adkinson, 1980, p. 4). The RE scale measures a person's willingness to request help from others when there is a legitimate need for such help.

The ANCOVA results failed to confirm the hypothesis for the first treatment group. None of the assertiveness posttest scale means for the first treatment group were significantly different from those

of either the comparison group or the second treatment group after having been adjusted for between-groups variability on the pretest and on demographic factors.

For the second treatment group, only one adjusted posttest scale mean, General Assertiveness, Rational (SGR), was significantly different from the respective scale mean for the comparison group. The fact that the SGR adjusted mean for the second treatment group was significantly greater than the comparison group adjusted mean supports the notion that exposure to treatment resulted in an increase in a broad range of assertive behaviors.

Mitchell and Jolley (1988) identify several potential threats to validity which should be taken into account when interpreting treatment effects in a study like this one which employs a non-equivalent control group design. These potential threats to validity include selection, history, maturation, interaction effects between testing and treatment, and regression effects. Each of these potential threats to validity bears further discussion.

Selection factors do become a potentially confounding variable in a quasi-experimental study of this type. Treatment groups were comprised of

individuals who either volunteered or were selected by their respective companies to participate in an OLI program. Random assignment was not possible under the circumstances. Furthermore, the heterogeneous composition of the two treatment groups made it difficult to find closely matched participants for the comparison group. An attempt was made to provide a rough match on the basis of gender and occupation (see Chapter 2 for selection criteria and procedures). Therefore, the results of the paired samples *t*-test, which is essentially a within-groups statistical analysis, should be regarded cautiously since the analysis does not take into account between-groups differences on IBS pretest scores and on demographic variables which may have influenced the results.

An attempt was made to control for between-groups differences on the pretest and on selected demographic variables (i.e., marital status, education, income level) using the ANCOVA procedure. ANCOVA was used to compare the posttest assertiveness scale means between groups with the appropriate pretest scale means and the selected demographic variables serving as covariates in each analysis. However, there may have been other

unaccounted for demographic factors which influenced the treatment results to an unknown degree.

The effect of history is difficult to assess in relation to the significant increases in certain assertive behaviors which were found for the two treatment groups. It certainly is possible that other outside events unrelated to the treatment variable may have influenced the assertiveness posttest scores. However, both the comparison group and the treatment groups were subject to a 29-day interval between pretest and posttest. The fact that the comparison group did not show a significant increase in assertive behaviors suggests that it is unlikely that history alone can account for the effects that were found.

It seems more probable that there could have been an interaction effect between treatment and outside variables. Such an interaction effect would probably have been most likely to occur between the two training phases, a 27-day period during which participants were encouraged to apply their learning from Phase I. For example, an OLI participant may be more or less likely to report increases in specific assertiveness behaviors depending on the responses elicited from co-workers when such behaviors were practiced back on the job.

Maturation effects are changes which are attributable to the passage of time per se rather than to exposure to treatment. Two reasons suggest that it is unlikely that simple maturation effects can account for treatment effects in this study. First, the comparison group did not evidence any significant increases on any of the assertiveness scales from pretest to posttest. Second, the IBS assertiveness scales sample learned behaviors and skills which are unlikely to spontaneously increase apart from training and practice.

There is a possibility that having participants take the IBS pretest prior to their involvement in an OLI program may have have resulted in an interaction effect between testing and treatment. One can hypothesize that exposure to the IBS questions may have increased participants' awareness of interpersonal issues and may have created expectations regarding learning objectives. However, it should be pointed out that the OLI laboratory curriculum was developed from resources which are not directly related to the IBS. Thus, while it is possible that there was an interaction effect between the pretest and treatment,

it would be difficult to determine the magnitude and significance of such an effect.

Regression effects often occur in cases where participants are selected on the basis of extreme scores. In such cases there is a tendency, when those participants are tested again, for their scores to move toward the mean due to measurement error. However, the fact that scores were not a consideration in selection of participants in this study makes it less likely that regression occurred. Furthermore, the high reliability of the IBS suggests that any regression effects would be fairly minimal.

Comparisons can be made between the two treatment groups regarding specific treatment effects. The paired samples *t*-test analysis found that the first treatment group evidenced significant increases from pretest to posttest on two of the eight assertiveness scales: Defending Assertiveness (DA) and Frankness (FR). While the second treatment group also demonstrated significant pretest to posttest increases on the DA and FR scales, significant increases were also found on two additional scales: General Assertiveness, Rational (SGR) and Initiating Assertiveness (IA). Moreover, only the second

treatment group evidenced a significant treatment effect for the ANCOVA procedure. The adjusted SGR posttest mean for the second treatment group was found to be significantly greater than the respective mean for the comparison group.

Several possible reasons may explain why the second group appeared to show more treatment results as compared to the first treatment group. First, the median levels of education and income were higher for participants in the second treatment group. Socioeconomic status has been positively correlated with assertiveness as measured on the IBS (Mauger & Adkinson, 1980). The paired samples *t*-test does not take into account such socioeconomic factors and the ANCOVA procedure may not have sufficiently controlled for the influence of such factors. However, this explanation is somewhat doubtful since socioeconomic factors did not appear to account for a significant portion of the variance in the ANCOVA procedure (see Table 8).

A second possible explanation for differences in treatment effects concerns the higher relative number of participants in the second treatment group who attended the OLI program voluntarily versus those who

were required to attend by their employer. Whereas the second treatment group had 15 voluntary participants and 4 who were required to attend, the first treatment group had 9 voluntary participants, 9 who were required to attend, and 1 who was undetermined. It is possible that voluntary participants may have been more responsive to the OLI program due to intrinsic factors (e.g., expectations, motivation, openess, etc.). More research is needed to determine whether or not voluntary participants do in fact demonstrate more positive changes as compared to participants who are required to attend.

A third possible explanation for the variability of treatment outcomes relates to the staffing differences for OLI programs #37 and #38, which corresponded to the first and second treatment groups respectively. While the same administrator worked both programs, the three trainers were different for the two programs with the exception of one individual who worked phase III of program #37 and phases I and III of program #38. One of the trainers for program #37 was a female while all of the other trainers for both programs were male. All of the staff were experienced laboratory trainers who held advanced degrees in

related fields. In addition, all of the trainers followed the same general curriculum format and used the same materials. While acknowledging the possible confounding effects of trainer characteristics (e.g., skill level, style, gender, age, personality, etc.), it is difficult to determine the exact magnitude of such effects.

Hypothesis Two

The second hypothesis stated that participants in the OLI program would demonstrate a significant decrease in aggressive behaviors, as measured by the seven aggressiveness scales of the IBS. The results of the paired samples *t*-test failed to confirm this hypothesis as none of the groups exhibited significant changes from pretest to posttest on any of the aggressiveness scales. The ANCOVA results also did not provide support for this hypothesis. None of the aggressiveness posttest scale means of the three groups were significantly different from each other after having been adjusted for between-groups variability on the pretest and on demographic factors.

Implications of the Research

This section explores the implications of the research results. The implications are discussed for three areas: (a) for laboratory research in general, (b) for the OLI program, and (c) for the church.

Implications for Laboratory Research

There have been an abundance of outcome studies that have been done with regard to laboratory training (Smith, 1975). However, two outcome variables which appear to have been largely overlooked are changes in assertive and aggressive behaviors. Such behaviors are thought to be relevant to the laboratory learning goal of increasing interpersonal effectiveness in the workplace (Leader, 1973). Thus this study sought to address a possible gap in the research by examining the effect of a laboratory learning program on assertive and aggressive behaviors as measured by the IBS.

The hypothesis that laboratory learning would produce a significant increase in assertiveness behaviors, as measured by the eight assertiveness scales of the IBS, was only partially supported by this study. The data does suggest that laboratory training may produce positive increases in the following behaviors: (a) standing up for one's rights,

(b) communicating one's feelings and opinions even in the face of opposition, (c) expressing one's opinions and suggestions while taking a leadership role in groups, and (d) demonstrating a broad range of assertive behaviors.

The generalizability of the above findings to other laboratory learning programs is uncertain given both the stylistic differences between particular programs and the modest effects found in this study. However, the study does highlight the potential usefulness of the IBS assertiveness scales as an outcome measure of such laboratory programs. Perhaps future studies could use the IBS to investigate whether or not such programs produce consistent changes in particular assertive behaviors. Moreover, other research might examine the relevance of such assertive behaviors to interpersonal effectiveness in the workplace. Research possibilities are more fully discussed in the "Suggestions for Further Research" section of this chapter.

Based on the results of this study, the IBS aggressiveness scales appear to be less promising as an outcome measure for laboratory learning programs. None of the seven aggressiveness scales showed significant

changes for the two treatment groups in this study. Thus the hypothesis that these scales would evidence a mean decrease was not supported by the results.

Several reasons are cited which may help to explain why no changes were found on the IBS aggressiveness scales. First, it is important to see that in this study assertiveness and aggressiveness are conceptualized and measured as two distinct, multidimensional response classes (Mauger & Adkinson, 1980). Thus it is not contradictory that participants could show possible increases in assertive behaviors and yet not evidence a concurrent decrease in aggressive behaviors. Second, since the majority of individuals who participated in the OLI laboratories scored within a normal range on their pretest aggressiveness scores, it is not surprising that there would not be a significant decrease from pretest to posttest. Finally, it may be that the behaviors sampled by the aggressiveness scales are not highly related and relevant to the learning goals and training curriculem of laboratory programs. Clearly more research is needed in this area.

Implications for OLI

One stated purpose of this study was to provide evaluation data which might prove useful to the OLI staff in determining the efficacy of their program. No prior formal assessments of outcome effects have been done. However, previous studies have shown that laboratory programs similar to OLI have produced outcomes which include improved self-concept, decreased prejudice, and changes in interpersonal and organizational behavior (Smith, 1975). The Interpersonal Behavior Survey was selected as an outcome measure in this study because it has proven to be a valid and reliable instrument for measuring assertive and aggressive behavior. The latter constructs, which have been largely unexplored in previous laboratory learning studies, were considered to be relevant to the learning objectives and training goals of the OLI program.

Perhaps the strongest treatment effect that was found relates to the positive change on the General Assertiveness-Rational (SGR) scale for the second treatment group. This was the only scale which had a significant effect for both the paired samples *t*-test and the ANCOVA. The results suggest an increase in a

broad range of assertive behaviors. Assertiveness is defined by the authors of the IBS as behavior that is directed at reaching a desired goal and which seeks to overcome obstacles and opposition while respecting the rights of other people (Mauger & Adkinson, 1980). An increase in such behavior would seem to be an important effect in light of its consistency with OLI's goal of teaching a leadership style which reflects Blake and Mouton's (1964) emphasis on both task requirements and relational issues. However, the generalizability of this effect to other OLI programs is uncertain since no significant change was found on the SGR scale for the first treatment group.

Significant paired samples *t*-test effects were found on the Initiating Assertiveness (IA) scale for the second treatment group and on both the Frankness (FR) and the Defending Assertiveness (DA) scales for both treatment groups. The increase on the IA scale, which measures a willingness in groups to exercise leadership and to offer opinions and suggestions, seems consistent with the OLI goal of developing leaders who are active and verbal in a group or team setting. The OLI emphasis on open, honest, and direct communication and handling of conflict, matches well with the

positive changes found on the FR scale which measures the propensity to communicate one's true feelings and opinions even when it may result in confrontation with others. OLI also teaches the exercise of assertive rights as a means of increasing personal power. The increase found on the DA scale, which concerns standing up for ones rights, seems consistent with the latter objective. Thus, it appears that the effects which were found are in keeping with the OLI laboratory objectives. However, clearly more research needs to be done to determine which, if any, of these effects would generalize to other OLI programs.

Several possible reasons are cited for the fact that the first hypothesis was only partially supported by the results. First, it is possible that particular assertiveness scales may measure behavior which is less relevant to the OLI learning objectives. For example, behaviors associated with giving and receiving praise, measured by the IBS Praise (PR) scale, do not seem to be a major emphasis in the OLI training. A second possibility relates to the OLI emphasis on experiental learning with a minimum of didactic teaching. Such a training format tends to increase the subjective element and to decrease the amount of control regarding

what learning each individual participant will come away with. Moreover, the analysis of group mean effects, which was used in this study, could have obscured significant individual changes which may have occurred. Finally, it is possible that one or more confounding variables, some of which were identified earlier in this chapter, may have compromised the results.

The fact that there was no confirmation for the second hypothesis, which predicted that the seven aggressiveness scales of the IBS would show significant decreases, should also be addressed. It is possible that the OLI programs do not have a significant impact in terms of diminishing aggressive behaviors. However, such an explanation seems unlikely since a major emphasis in the laboratories is on giving and receiving feedback regarding the impact one's behavior has on others. One would expect that a participant who was very aggressive would receive the necessary feedback from other participants in order to correct such behavior.

A more likely explanation for the lack data support for the second hypothesis relates to the fact that the group means for both treatment groups was in

the normal range on all seven of the IBS aggressiveness scales. Thus, one would not necessarily expect that there would be an appreciable decrease in aggressive behavior for persons who were already within a normal range prior to treatment. An interesting question for a follow-up study is whether or not involvement in the OLI program results in a significant decrease in aggressive behaviors for individual participants who may score above the normal range on any of the IBS pretest aggressiveness scales.

Implications for the Church

This study found that the OLI laboratory program exhibits some promise as a means of promoting interpersonal competence by increasing assertive behaviors. The issue of interpersonal competence would seem to be very relevant to the church at large. The relevance is especially apparent in regards to missions.

Johnston (1983) estimates that 75% of the problems encountered by missionaries is tied to interpersonal conflicts with fellow missionaries. One study found that intermissionary conflict was identified by missionaries as the single biggest problem encountered on the field (Narramore, 1969). According to Cook

(1962), interpersonal relationship difficulties constitute "one of the most critical problems in missions and always has been" (p. 117). Cook suggests that the effectiveness of missionaries could be doubled if this problem was solved. Britt (1983) found that successful missionaries were more assertive with their superiors than less successful missionaries.

A laboratory program, similar to the one developed by OLI, could be used to increase the assertiveness skills of missionaries. Assertiveness has been positively correlated with spiritual well-being (Hawkins, 1986), feelings of personal accomplishment (York, 1982), marital satisfaction (Bently, 1987), and satisfaction in marital-romantic, friend, and work relationships (McNamara, 1985). Rimm and Masters (1979) provide evidence that the assertive person will gain personal benefits such as a heightened sense of personal well-being and an increased ability to attain social awards and to draw satisfaction from life. Therefore, a program which develops assertiveness skills in missionaries could serve to both increase their effectiveness and to increase their levels of personal satisfaction. Such effects might translate into increased longevity on the mission field.

Suggestions for Further Research

This section identifies the following possibilities for further research:

1. The IBS could be administered on a pretest/posttest basis to other OLI programs in order to determine the generalizability of the findings of this study. Such research could help OLI to identify which IBS assertiveness scales are most relevant to the OLI learning objectives. Once identified, such scales could be used for ongoing outcome evaluation and quality assurance for OLI laboratory programs.

2. After six months or a year the IBS could be readministered to participants from this study in order to determine the durability of changes over time.

3. This study focused on the assertiveness and aggressiveness scales of the IBS. Participants scores were also tabulated for the three validity scales and three relationship scales of the IBS. The latter data was not examined in this study, but it could be used to examine other possible effects of exposure to OLI training.

4. Future studies could administer the IBS at different times in the OLI laboratories in order to

assess the relative contributions of each of the three phases of the programs.

5. Future studies could investigate the relationship between participant characteristics and the amount and types of interpersonal changes which are produced. Characteristics of interest might include demographic factors, personality variables, and individual goals, expectations, and attitudes. An outcome comparison could also be made between participants who attended the OLI program voluntarily versus those who were required to attend by their company or organization.

6. One avenue of research would be to compare the results of a self-rating evaluation, which is presently administered to participants at the end of each OLI laboratory, with the results of an objective measure instrument such as the IBS. Such research could provide an indication of the accuracy of participants' self-perceptions regarding personal changes made during the course of a laboratory program.

7. Finally it could be useful to explore the degree to which laboratory induced behavioral changes may translate into improvements in job performance. Comparisons could be made between participants' IBS

results and behavioral ratings conducted by co-workers, superiors, and subordinates back on the job.

Summary

This study used a non-equivalent control group design to evaluate the effects of a laboratory learning program sponsored by the Oregon Leadership Intstitute (OLI), a non-profit organization. The program seeks to increase the interpersonal effectiveness of participants through the use of an experientially oriented training format which includes training group (T-group) participation, brief lectures, and various interpersonal and group exercises.

No prior outcome studies have been done on the OLI program. However, previous outcome research on laboratory programs similar to OLI has identified effects which include improved self-concept, decreased prejudice, and changes in interpersonal and organizational behavior (Smith, 1975).

Two outcome variables which have been largely overlooked in previous laboratory learning studies are changes in assertive and aggressive behaviors. The Interpersonal Behavior Survey (IBS), which samples various dimensions of these behaviors, was selected as

an outcome measure in this study. The authors of the IBS conceptualize assertive and aggressive behaviors as being separate, multidimensional response classes (Mauger & Adkinson, 1980). Whereas assertiveness is defined as goal oriented behavior which is respectful of the rights of other people, aggressiveness is seen to be behavior which emanates from feelings of hostility or disrespect toward others (Mauger & Adkinson, 1980). These constructs were deemed to be relevant to the OLI goal of teaching a leadership style which reflects Blake and Mouton's (1964) emphasis on both task requirements and relational issues.

The first hypothesis stated that OLI program participants would report significant pretest to posttest increases on the IBS assertiveness scales and would report higher posttest levels of assertiveness than comparison group participants after adjusting for between-groups differences on the pretest and on selected demographic variables. The second hypothesis stated that OLI program participants would report significant pretest to posttest decreases on the IBS aggressiveness scales and would report lower posttest levels of aggressiveness than comparison group participants after adjusting for between-groups

differences on the pretest and on selected demographic variables.

A paired samples *t*-test and one-way analysis of covariance (ANCOVA) were used to evaluate the two hypotheses. The study employed a quasi-experimental design with two treatment groups, corresponding to OLI programs #37 and #38, and one comparison group. Each group was comprised of 19 male participants who were employed by various companies and organizations in Oregon. All participants were administered an IBS pretest and posttest separated by a 29-day interval.

Data provided partial support for the first hypothesis. Both treatment groups evidenced significant pretest to posttest increases on the Defending Assertiveness (DA) scale, which measures the tendency to take a stand for one's rights, and on the Frankness (FR) scale, which reflects a willingness to communicate one's feelings and opinions even in the face of opposition.

The second treatment group also evidenced significant increases on the Initiating Assertiveness (IA) scale, which measures the propensity to express one's opinions and suggestions while taking an ascendent role in groups, and on the General

Assertiveness, Rational (SGR) scale, which samples a broad range of assertive behaviors. The ANCOVA procedure found that the posttest SGR mean for the second treatment group was significantly greater than the respective mean for the comparison group, after both means were adjusted for between-groups differences on the IBS pretest and on selected demographic variables. Possible explanations for variance in outcome for the two treatment groups includes beween-groups differences on demographics, trainers, and the number of participants who attended the OLI program voluntarily versus those who were required to attend by their employer.

The results of the paired samples *t*-test and ANCOVA procedure failed to confirm the second hypothesis. The fact that the group pretest means were in the normal range for all seven of the aggressiveness scales may help to explain why there was not a significant decrease from pretest to posttest. Moreover, these scales may be less suitable as an outcome measure for such laboratory programs since it appears that they may sample behaviors which are not specifically addressed in the OLI training curriculum. An interesting question for future research is whether

individual participants who score above the normal range on one or more aggressiveness scales would demonstrate a significant decrease in such behaviors as a result of participation in an OLI program.

The generalizability of the results to other laboratory programs is uncertain given the both the stylistic differences between various laboratory programs and the modest effects. The results do highlight the potential of the IBS assertiveness scales as an outcome measure for OLI and other laboratory programs. The study also suggests avenues for future research which include exploring the durability of treatment effects, the relevance of laboratory induced behavioral changes to the workplace, the congruence between participants' self-appraisals and objective measures of results, and the relationship between participant characteristics and the type and magnitude of interpersonal changes.

Laboratory training programs, similar to the one conducted by OLI, appear to offer some promise as a means of preparing missionaries for service in the field. Missionary conflict and interpersonal difficulties have been shown to be a significant detriment to effectiveness on the field (Britt, 1983;

Cook, 1962; Johnston, 1983; Narramore, 1969). The OLI training format may offer a means of increasing missionaries' interpersonal effectiveness which may translate into increased levels of personal satisfaction and longevity on the mission field.

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Appendix A

Requesting Permission to Conduct the Study:

Letter To and Reply From the OLI Board

February 27, 1990

TO: OLI Board Members

FROM: Brett Bennink

RE: Offer to do research on OLI changes

When I went through the OLI program in 1989, I found the experience to be challenging and enriching. Moreover, it sparked in me a real interest in the laboratory learning approach and its impact on interpersonal behavior. Consequently, I have chosen this subject as the focus of my doctoral dissertation for the clinical psychology program in which I am currently enrolled.

I would like to center my research on the OLI program itself. The research question is: What changes in the participants' interpersonal skills, if any, can be reliably measured? OLI currently uses a "self report of change" instument at the end of Phase I; and a very short, very subjective, evaluation of perceived value at the end of the program. I propose to administer an objective test called the Interpersonal Behavior Survey (IBS) before and after attendance at OLI.

The IBS is a 272 item instrument which has proven effective in assessing a person's assertive behaviors, aggressive behaviors, and approaches to conflict. The IBS, which takes about 45 minutes to complete, has been used extensively for research purposes and has been found to have good reliability and validity.

I would like to administer the test to OLI participants prior to Phase I and again after Phase III. Hopefully the data gained from such a study will indicate which interpersonal domains are most affected by the program, and it will also show the magnitude of interpersonal changes which may occur. Such information will be useful both in evaluating the OLI program, improving even further its standard of excellence, and in documenting its impact on changing interpersonal skills/insights.

Proposal for Administration:

1. We will evaluate two OLI programs, hopefully #37 and #38.

2. The instrument will be given between 1:00 and 1:45 P.M. on the first day of the program.

3. We will inform OLI participants of the research study and they will be given the option of participating.

4. The IBS will be filled out again at the end of Phase III.

5. Participants will be identified by a code # only - not names.

6. Participants who request it will be given a summary of the research results once the study is completed.

7. A control group who are not taking the course will also be tested twice. GPA has agreed to help me select the control group participants.

Intruments

1. IBS

2. Brief Bio data

February 28, 1990

Brett Bennink
116 S.E. 80th
Portland, OR 97215

Dear Brett,

The OLI Board approved your request:

1. Surveys will be handed to each person when they enroll, and they will be asked to complete them before 1:30 p.m. on Thursday.

2. Participants will be told that their participation is voluntary.

3. At the end of Phase III, each participant will be given a Survey and stamped return envelope to return to you via the mail.

We will support you with logistic help in Step #1 and in follow-up on getting back the post tests.

All other aspects are approved as requested.

Please send a copy of the Survey to Arty Trost.

Sincerely,

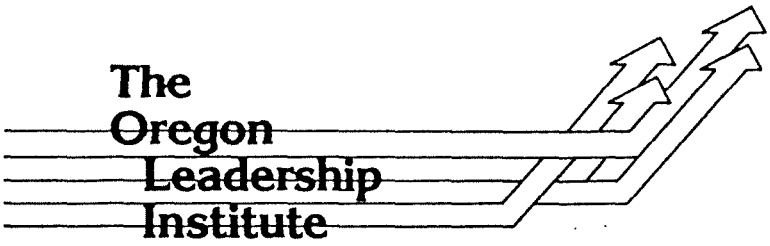
Chuck Pyron
Executive Director

HCP/sp

c.c. Board of Directors

Appendix B

Letter Requesting Subjects' Participation in the Study



To all Participants in Oregon Leadership Institute

During the first 12 years of OLI's development, hundreds of people have volunteered countless hours of their time to make this program successful. We believe we have the best Leadership Development program in the U.S., but we are constantly seeking to understand how to make it even more effective.

We would like to ask you to volunteer a little of your time to help us. We are doing some research to objectively test the amount of change in "interpersonal behavior" that results from attending the OLI program.

Our request is for you to take a few minutes, today, before the program begins, and fill out the attached Survey. We'll ask you to do the same thing at the end of Phase III, about a month from now.

We do not want you to identify yourself, except by a code number -- the last four numbers of your phone number. In that way we can compare before and after scores on the Survey, without having to identify anyone. (Use your home phone number.)

We believe you will also profit by completing the Survey.

1. It will help you become more aware of what you believe about issues of Interpersonal Relations, and that will be beneficial to your learning at this program.
2. All participants will be given a copy of the final results.
3. If you wish to see your scores, we will arrange for you to meet with and/or talk to the person who is doing the research. (He is not associated with OLI. He has volunteered his time to do the study for us, because he will be using the results as part of his Doctoral Dissertation.)

Your participation is voluntary —— but we hope you will take the time to help us in this study.

Thanks,

Chuck Pyron
Executive Director

PLEASE RETURN THE COMPLETED SURVEY TO SHARON.

P.O. Box 108 • Dexter, OR 97431 • (503) 937-2317

Appendix C

Written Instructions for Test Administration

PLEASE READ

Thank you for your willingness to help us out by completing the Interpersonal Behavior Survey (IBS). The survey results will be helpful to us in both evaluating and ensuring the quality of the Oregon Leadership Institute program. The information which you provide will be kept completely confidential. Your individual results will not be shared with either your company or the OLI staff. An independent researcher will evaluate the compiled data.

Please carefully follow the steps below:

1. Complete the Background Information sheet which is attached. Do not put your name on any of the materials.

2. Read the instructions on the IBS administration booklet.

3. Using the answer sheet provided, answer the questions contained in the IBS booklet. Work quickly. The IBS should take approximately 45 minutes or less to complete.

4. When finished, turn in the Background Information sheet, the IBS booklet and answer sheet to the OLI staff who gave them to you.

   Note: If you would like a brief summary of our findings mailed to you, then place a check mark in the upper right corner of the Background Information sheet.

Appendix D

Background Information Questionnaire

I.D. #_____

BACKGROUND INFORMATION

1. Age: ____

2. Sex (circle number):
   1 MALE
   2 FEMALE

3. What is your present marital status?(circle number)
   1 NEVER MARRIED
   2 MARRIED
   3 DIVORCED
   4 SEPARATED
   5 WIDOWED

4. What is the highest level of education that you have completed? (circle number)
   1 GRADE SCHOOL
   2 SOME HIGH SCHOOL
   3 COMPLETED HIGH SCHOOL
   4 SOME COLLEGE
   5 COMPLETED COLLEGE
   6 SOME GRADUATE WORK
   7 A GRADUATE DEGREE

5. What was your gross family income for the past year? (circle number)
   1 BELOW $10,000
   2 BETWEEN $10,000 AND $19,999
   3 BETWEEN $20,000 AND $29,999
   4 BETWEEN $30,000 AND $39,999
   5 BETWEEN $40,000 AND $49,999
   6 OVER $50,000

6. Current occupation (please specify): _____

7. Did your company require you to attend this OLI program? (circle number)
   1 YES
   2 NO

8. How would you describe your attitude about participating in this OLI program? (circle number)
   1 VERY NEGATIVE
   2 SOMEWHAT NEGATIVE
   3 NEUTRAL
   4 SOMEWHAT POSITIVE
   5 VERY POSITIVE

Appendix E

Table of Contents from Participant Training Notebook

PHASE I

SECTION I -- GETTING STARTED

SECTION II -- WHAT IS YOUR LEADERSHIP STYLE?

SECTION III -- COMMUNICATION

SECTION IV -- IMPROVING YOU INFLUENCE SKILLS

SECTION V -- GROUPS

SECTION VI -- PLANNING FOR ACTION AND CHANGE

PHASE III

SECTION VII-- PRESENTATIONS OF PHASE II PROJECTS

SECTION VIII-- TEAM BUILDING

SECTION IX -- SELECTING A POSITIONAL LEADER

SECTION X -- STRESS MANAGEMENT

SECTION XI-- CONFLICT MANAGEMENT

PHASE III

SECTION XII-- PLANNING AND PERFORMANCE

SECTION XIII-- UNDERSTANDING VALUES

SPECIAL READING

Blake and Mouton, How To Choose A Leadership Style.

Appendix F

Phase I Program Schedule and Trainers Guide

OREGON LEADERSHIP INSTITUTE
SCHEDULE -- PHASE I

THURSDAY	1:00 PM	General Session: Introduction, Looking at Your Leadership. Staff. Notebook pp. 1-12.
	3:00	T-Groups
	4:30	Recreation
	6:00	DINNER
	7:00	General Session: Leadership Style: How We Influence. Notebook pp. 13-18. Exercise p. 19.
	8:00	T-Groups.
	10:00	Relax and Debrief in Lodge.
FRIDAY	7:00 AM	BREAKFAST
	8:00	General Session: Communication Skills. Notebook pp. 21-27. Exercise p. 28.
	9:00	T-Groups
	12:00	LUNCH
	1:30	General Session: Improving Your Influence. Notebook pp. 29-32. Exercise: p. 20. Trio Analysis of T-Group Development.
	2:30	T-Groups
	4:30	Recreation
	6:00	DINNER
	7:30	T-Groups
	9:30	Relax and Debrief in Lodge.
SATURDAY	7:00	BREAKFAST
	8:00	General Session: Risk Taking.
	9:00	T-Groups.
	12:00	LUNCH
	1:30	General Session: Understanding How Groups Function. Notebook pp. 33-35. T-Groups.
	4:30	Recreation
	6:00	DINNER
	7:30	T-Groups, including Exercise on pp. 36-37.
	9:30	Relax and Debrief in Lodge.

SCHEDULE -- PHASE II

SUNDAY	7:00 AM	BREAKFAST
	8:00	General Session: Planning and Preparation for Phase II. Notebook pp. 37-40.
	11:00	Adjourn.

GUIDELINES AND INSTRUCTIONS FOR OLI PHASE I

Although we encourage each of our staff to innovate, based on their experience and judgement in "experiential learning methods," we have also discovered thru the years that a key to maintaining a high quality product is to strive to stay within the generally agreed upon design. This design has emerged thru the past 10+ years as a result of consistent critique and "fine tuning" at the end of each Phase I and Phase III, as well as analysis of the feedback from participants.

Our "client population" is still small enough that it is common for participants to compare what they are/have done with what has happened in previous programs. We continue to maintain our credibility because our programs appear to be consistent from year to year, as we continue to improve them.

Phase I

Thursday 9:00 a.m. -- Staff Meeting

A. Trust/openness exercises to assure that the staff is working in an open climate, and all feel comfortable sharing needs and giving/receiving feedback.
B. Establish Staff norms.
C. Review feedback results from past two Presentations of Phase I, and final Survey results.
D. Review Design and make assignments for general sessions.
E. Each Staff review the Registration/Applications and Goal Sheets for everyone in their group.
   -- Return Applications to Sharon (by 1:00 p.m.).
   -- Return Goal Sheets to Participants, at least by end of Friday session.
F. Be sure a chart pad is in each T-Group Room. Be sure chairs are arranged appropriately.

Thursday 1:00 p.m. -- General Session

A. Introduce all Staff.
B. Review learning goals (Workbook). Stress difference between Leadership and Management/Supervision.
   Also stress differences between Phase I, II, and III.
C. Discuss experiential learning method.
D. Put "Norms" on Wall Chart. (Stress especially openness, confidentiality, and community sharing time each evening.)
E. Divide people into three groups: First Born; Last Born; Middle child. (If groups are bigger than 10, divide them into sub groups.) Be sure all groups are spread out in the room, and each group is sitting as close together as possible. (Noise level is a problem in General session Room.)
   o "What was it like being ....?"
     Look for common experiences. After about 10 minutes, ask:
   o "What effect do you believe these experiences have had in developing the way you now approach leadership?"
     Give another 10 minutes.

Then ask for each group to give a 1-2 minute report on what they discovered. (It usually works best to ask the First Born group(s) to report first.)

F. Ask everyone to divide into three new groups:
   - o "Do you usually approach getting your job done by trying to be a "Tough Battler," or a "Logical Thinker,"or a "Friendly Helper"? You May use all three, but which is most like you, most of the time? How would people who work for and with you, see your primary style?" (If groups are over 10, subdivide into 2 groups.) Ask each group to appoint a recorder.
   - o "What are the advantages of this style?" After 10 minutes, ask:
   - o "What are the disadvantages/limitations of this style?"

   After another 10 minutes, ask each recorder to report in. It usually works best to have the Tough Battlers to report first.

   After their report, ask the Tough Battlers to give a few impromptu impressions of the other two styles, i.e., ask them: "How do you see Friendly helpers? How do you see Logical thinkers?" Then repeat this process with the other two groups.

G. Ask everyone to complete the Style Survey. (Staff rotate to help those who are having trouble.) Put interpretation of Quadrants on the Board. When everyone has their scores tabulated, ask them to turn page and plot scores. Then explain meaning of scores/style. Ask each person to turn to page describing their style: "Read and underline those things that expecially apply to the way you see yourself. If you have time, read page describing the opposite (diagonial) quadrant --- that is the one least like yourself.

   If people have a 2.5 on either scale dimension, have them read and underline description of both styles - then pick out the one most like themselves.

   (Occasionally someone will have a 2.5 on both scales, so ask them to quickly read all four style descriptions and then pick the one most like them.

   If time allows, ask people to meet with those who have the same style as they do. Ask them to compare how they function as leaders: "Any common problems/frustrations resulting from this style?"

H. By 2:50 p.m., you should give people their T-Group assignments, encourage them to use the T-Group to explore and practice the three skill areas of the OLI Development Model: Skill in sensitivity to what the group needs; skill in articulating a clear plan/path for the group to meet their needs; and the self confidence to initiate action, and follow thru. Ask them to pick up coffee on their way to the group.

Thursday 3:00 p.m. The First T-Group session.

Because we want everyone to have a chance in the T-Group to practice their "sensing" and "initiating," we believe it is essential that the T-Group staff member remain silent during the first part of each session. If participants ask what should we be doing -- ask: "What do you think would be an appropriate way to help this group get started?"

We also suggest that it is appropriate for the staff person to lead a process critique during the last 10 minutes of the session (4:20-4:30); "What actions helped us, and what actions tended to inhibit our getting something meaningful accomplished during this session?" This should be recorded on the chart pad, so that process progress can be charted thru the weekend.

Thursday 7:00 p.m. General session: What Are the Personal Skills/ Characteristics of Successful Leaders?

Note: We want the Staff person in charge of this session to be creative. The only norms we have established is that the session should be about 30-45 minutes in length, and should be experiential (i.e., no lecture should last more than 10 minutes maximum, without some kind of experiential opportunity for the participants to digest/test what is being learned.)

Example: Ask each person to think of one or two of the most influential leaders they have ever know: "What were the Personal Skills and characteristics of this person(s)? Why did people follow them?" After 5 minutes, ask people to form trios and compare lists. Develop agreement on the 5 most important skill/ characteristics. Have each group briefly report their results and record on flip chart.

Then Staff Leader may summarize any research; and/or differentiate between the characteristics of Leaders who use organizational Power (threats, rewards, position) vs. leaders who influence by using personal power, referent power, and normative power. (This is a key theme that goes thru all of Phase I and III, and needs to be at least exposed in this first session.

* Before people go to their T-Groups, ask them to complete exercise on page 19 . Give about 10 minutes quiet time for people to do this.

* Remind everyone to come back to the General session room by 10:00 p.m. for refreshments and a time to share learning with others from other T-Groups.

Friday 8:00 a.m. General Session. Communication Skills

Suggested topics to cover: Johari Window; Suggestions for Increasing the Impact of Your Communication (Fordyce). Relate this material to what is happening in the T-Group.
Practice skills (In Trios or Quads)

1. Describing Behavior (vs. Generalizations).
2. Feeling Descriptions
3. I statements
4. Paraphrasing
5. Perception Checking
6. Giving Feedback

Note: This session may last for up to 1.5 hours, in practice time. (Keep lectures to 10 minute limits.)

Before returning to the T-Group, ask everyone to take 10 minutes to fill out Page 28.

Friday 1:30 p.m. General Session. Risk Taking.

Ask everyone to complete a Risk taking Inventory. After scoring it, divide everyone into 3 groups according to their score. Highest and lowest 30% are assigned a Task: "Take 20 minutes to prepare a Flip Chart presentation on Social Risk Taking: How can people increase their self confidence and willingness to initiate leadership actions in groups and other social situations involving social risk taking?"

The 40% of "Middle Risk Takers" are divided into two groups and asked to be observers.

The two groups are asked to go to two separate rooms. After 10 minutes the observers rotate groups. 10 minute report from each Task group. 10 minutes report from the observers: "What differences did you observe between the two groups?"

Before going to the T-Groups ask everyone to turn to Page 20 and place themselves on the scale. Then select two people who are above you (or at your level on the scale) and two people who are at a lower place (or at the same place on the scale,) and write names on the scale.

- o What feedback/encouragement/coaching can you give to help these two people who are lower on the Scale?
- o What do you need to do to increase your leadership effectiveness in your T-Group?

Friday 7:30 p.m. General session. Observing Process

Lecture: List of Key Process Behaviors that may contribute to A Successful T-Group. (10 minutes)
Practice: Divide into trios (1 person from each T-Group) and discuss what is happening in each group: What is working/helping and what isn't? (about 15 minutes)

Saturday 8:00 a.m. General Session. How to Increase Your Assertive Skills.

Discussion/Lecture: Analysis of the Concept of "I'm OK", and its impact on a Leader's ability to be Assertive vs. Aggressive or Passive.
Practice Skills for being assertive. (In trios/quads.)

Saturday 1:30 p.m. No General Session.

Note: This Session should conclude at 3:30. Divide group into trios/quads, and complete the Analysis for the 2-3 people in their sub group (see Page 35-36 AB). Now have people meet with their sub groups and use the following process:

One person volunteers to receive feedback. The other 2-3 members share their 3-4 most important skills for that person to work on, and explain why. The first person then shares their list. Finally, the person is given a couple of minutes to complete the final step.

Now repeat the process until everyone has received feedback, shared, and made their final decisions.

Saturday 7:30 p.m. No General Session.

Each T-Group should have some appropriate type of "closing".

Be sure everyone is encouraged to come back to the General Session Room for a "Celebration" (about 10:00 p.m.).

Sunday 8:00 a.m. General Session.

Stress importance of the Phase II project, i.e.,
- a good test of what was learned in Phase I.
- a report will be received from everyone on what they learned in Phase II project, and this is an important part of the Phase III learning.
- Projects can often be successful enough to more than pay for the cost of the OLI program.

Selection of Project.
- Something that is challenging and will test your leadership in initiating a change.
- Something that can be done in 4 weeks.
- Something that is essentially within your control to do.

Stress the importance of careful planning in the success of the project.

Sunday 9:00 a.m. People should be asked to complete Steps 1. Page 38A. (If you finish before everyone else, please remain quiet until everyone is finished.)

9:20. Meet with team from Saturday afternoon. Purpose of the team is to validate projects. If the project doesn't seem to meet criteria, then suggest modifications or selection of a second alternative. Consultants must be honest in giving feedback.

9:50 a.m. Designing your project. Each person completes Steps 2-4. (Again, please remain quiet if you finish early.) If you need help ask one of the Staff.)

10:15 Meet with partners to review your design, and hopefully make it better. Please be very honest and confront weaknesses.*

11:00 Develop contract with Partners.

*Each person needs to have their project checked out with one of the Staff before leaving. This may be done as each is completed, or after all 3-4 are done.

Appendix G

Phase III Program Schedule and Trainers Guide

SCHEDULE -- PHASE III

Thursday	1 PM	Debriefing of Phase II Projects.
		How To Present an Informational Briefing.
	3:30	How To Build An Effective Team.
	5:00	Break for Dinner (Complete Exercise: pages 64-69)
	7 PM	Team Building
		Spouses meet separately: Introduction to Leadership Development -- What is Your Style?
Friday	8 AM	Characteristics of Successful Positional Leaders.
	8:30	Self-diagnostic Exercise. A Leader's Responsibility for Integration of Concern for People and Production -- The Grid Model.
	10:00	Selection of Positional Leaders.
	12 - 1:30	LUNCH
	1:30	Production (Exercise I)
	5 PM	DINNER
	7:30	Managing Your Stress (And Helping Those You Lead to Manage Theirs). Spouses are invited.
Saturday	8 AM	Complete Exercise: Pages 99-103.
	8:15	Selection of Positional Leader; Exercise II: Development of Negotiation Strategy.
	9:30	Negotiation
	9:45	Debriefing
	10:00	Managing Conflict
	11:30	Scoring and Analysis of Exercise on Style.
	12:00	LUNCH
	1:30	Planning Skills and Attitudes Introduction to Exercise III.
	1:45	Selection of Positional Leader; Planning Time in Teams.
	2:30	Production Exercise
	3:30	Debriefing
	5:00	DINNER
	7:30	A Comprehensive Diagnosis of Leadership Style -- Planning for the Future. Spouses meet separately: Strengthening Your Leadership.
	9:30	FAREWELL PARTY

P.O. Box 1374
Eugene, Oregon 97440
(503) 343-3511

TO: PHASE III STAFF

FROM: CHUCK PYRON

Concerning the assignments of responsibility for Phase III. (* Designates General Session presentation.)

THURSDAY:

- o Debriefing of Phase II
- *1. "How To Make Effective Presentations" (10 minutes).
- 2. "How to Build An Effective Team" (30 minutes). In T-Groups to generate ideas.
- 3. Team Building in each Team

FRIDAY:

- *4. "Characteristics of Successful Positional Leaders: What an Effective Positional Leader Needs To Know, Be, and Do." (30 minutes). Lecture or discussion of handout. (Note: This is the main theme message of Phase III.)
- 5. "What Is Your Leadership Style?
  Grid Self-Analysis Exercise Scoring, followed by analysis/explanation.
- 6. Discussion/Feedback exercise on Perceived Grid Styles (in Teams).
- 7. Selection of Positional Leader in Each Team.
- 8. Tower Building Exercise
- 9. Debriefing in each Team.
- *10. "Managing Stress" (10-15 minutes).
  - o Stress Analysis Exercises. (In Pairs)
  - o Development strategy to reduce stress (In Pairs).

SATURDAY:

- 11. Complete Survey
- 12. Selection of Positional Leader and Development of Negotiation Strategy.
- 13. Negotiation Exercise - Post results when complete.
- 14. "Comments on Achieving Win/Win Solutions in Negotiation." (5 minutes)
- 15. Conflict Handling Style: Scoring the Thomas Kilman.
- 16. Debrief In Teams:
  - o How Well Did We Achieve Our Team Objectives?
  - o Give Feedback to Positional Leader.
  - o Each person shares scores, and talks about own style, then receiving feedback from rest of team.
- 17. Lead Out Exercise
- 18. Final Analysis of Each Participant's Leadership Style (using Force-Field Model).
- 19. Final Exam: The Park Bench.

INSTRUCTOR'S GUIDE

Thursday 1:00 p.m.

1. Welcome Back. Purpose of Debriefing.
2. Explain (Mini Lecture) strategies for asking questions.
3. Have everyone go back with Consulting Trio (or partner) and find out what happened.
   A. Use page 49 , (Plan developed at Phase I), and have each person go down thru the steps and report: What happened?
   B. The role of the "Consultant-Partners" is to ask Questions, and help each person discover why the project worked, or didn't work. (Often you discover more about yourself and leadership from a non success than from a successful project.)
   C. Help each person come up with 2-4 things they learned about Leadership; — theirs, or Leadership generally — from their project. These 3-4 "Learnings" should be written down.
4. Back in General Session: Guidelines for Successful Presentations. (5 minutes).
5. Give people 10-15 minutes to prepare a 5 minute presentation on: "What I learned from my project." (If anyone has a problem, raise hands, and staff will help them.) Try to maintain quiet for full 10-15 minutes.
6. "Number off" people into equal size groups of 4 or 5 people.
7. When people are in their groups, explain the process.
   A. Each person gives their 5 minute presentation. Rest of group records observations on page 42. (use page 42 for all presentations.)
   B. Do not give feedback until all members have finished giving their presentations.
   C. When everyone has finished, the group gives feedback and coaching to each member.
   D. When everyone has received feedback, select the "best" presenter, and give them more coaching on how to strengthen their presentation.
8. Each of selected presenters, from each group, gives their presentation again, to the whole class. Rest of class records observations on pages 43 - 49.

9. Presentation on effective team building.

INSTRUCTORS GUIDE

Team Building - Thursday Evening (7-10 pm)

Your role in Phase III is a consultant to your team.

This 3 hour session calls for you to provide guidance/instruction in helping the 8-10 people in your group become a team. This is not another non directive T-Group experience. (It is a mini team building consultation --- do in 3 hours what you would normally do in 2-3 days.)

Suggestions

1. Be sure the group is all there. If not contact Sharon.
2. Seat people in a circle. (Arrange chairs before group arrives.)
(GUIDE LINES FOR THIS SESSION ARE ON PAGE 51)
3. Suggest everyone introduce themselves, and tell us:
   a. Something they learned about themselves and/or their leadership at Phase I.
   b. What they hope to work on/learn at this retreat.
4. Explain the concept of feedback being descriptive - not evaluative: "Here is how I see you." Ask each person to pick out four people to give feedback to -- these can be people from the T-Group, or ask people to give their "first impressions" -- "Here is how I see you, based on my observations." (Some may want to give feedback to more than 4.) Ask each person to take mental or written notes of what they hear, but not to respond.
5. When everyone has had a chance to give feedback to 4 or more, ask each person to paraphrase what they heard, check the accuracy of listening with the group (and get clarification if needed); and then share: "Here is how I see myself."
6. Cover the concept of "Team Agreements" or "Team Norms". (II A-e) Page 51.
7. Now go around the group and ask each person to share their commitment to Directness
   A. How direct do you want others to be with you?
   B. How easy/hard is it for you to be direct.
   C. Should we all commit to being direct as a team, and to you?
8. How confidential should we be? (Go around the group and get definition and commitment from each person. Include yourself)
9. Are we willing to share the leadership responsibility in this team? How easy/hard is it for you to lead out to get something initiated, or correct a problem, when you see the need?
10. What should be the goal of this group? To win each competitive exercise - or to spend a maximum effort on development. (Point out that at times these could be incompatible.) Survey the group to get each person's position. Then keep them on the task until everyone agrees.
11. Go to III A. Get agreement on how we resolve differences when they arise.
12. Briefly explain three helpful tools:
    o Survey process
    o Relevancy hooks and "flags"
    o Process checks
13. Ask each person to critique the Team Building effort.

FRIDAY MORNING, GENERAL SESSION 8 A.M.

1. Be sure everyone has completed the Grid Survey.
2. Cover material on "Characteristics of Successful Positional Leader." (This is the key presentation for Phase III.) (Max. 30 minutes)
   A. It may be helpful to review, very briefly, the Concepts of Power vs. Influence from Phase I, pointing out the historically "positional power" was suppose to equal influence. However, now we know that successful positional leaders depend mainly on personal/normative/referent sources of power, not threat/ rewards/position, for their influence.
   B. However, there are issues that successful leaders who hold positions are aware of, and manage successfully. Refer participants to some or all of the 11 points.
   C. This leads into a discussion of the Grid. Give brief review of Grid Concept: Refer participants to page 75 for Grid Model and descriptions.
3. Have participants score Grid Questionnaire. Explain meaning of Primary Style, Back-up Style, and "Statistical 5-5" Style.
4. Have participants circle numbers of all questions with a 9,9 alternative. Have them read each of these questions and see if they can pick out the 9,9 alternative and the other style alternative.

I. Debriefing Grid Styles (9:30) Pass out Grid Style Analysis Sheets.
   1. Ask each person to predict Grid style for everyone else in the group. (Give 5-10 min. for people to do this.)
   2. When everyone is finished, start with one person (a volunteer) who sits quietly and/or asks clarification questions. Each other person on the team shares their perception of the person's probable Grid style - and tell why. Write this on the board beside the person's name. When everyone is thru, ask the person who has been listening to tell us their Grid score and back up.
      ** Then ask them - "What do you think you really are?" If there is a difference between their scores and how the group sees them, ask them to try to explain the difference.
   3. Complete exercise until everyone has finished. (This should not take more than 1 hour, 15 minutes). Leave Charts on the wall for use thru the weekend.

II. Selection of a "Positional Leader" (10:30)
Manager for a "production project."
   1. Have everyone spend 5 +- minutes collecting their thoughts: "What assets/skills do I have that makes me an effective positional leader?"
   2. Each person will have 5 +- minutes to share with the group their "resources" - i.e., "talents", "attitudes," "motivation," etc. The 2 people on the right of each member should ask, (at least one) question(s) at the conclusion of the member's presentation. The rest of the team should probably take notes.
   3. When everyone has completed their presentations, team should select the person they want to be their "positional leader." We suggest that this be done by each person on the team "nominating" 1-3 other members, and in each case, telling the team why they made those selections.
      ** After "nominations" have been made, team attempts to reach consensus on selection of positional leader.

DEBRIEFING OF THE TOWER PROJECT (FRIDAY AFTERNOON)

Follow Outline on Page 76

1. Explain 3 step critique process for feedback at top of page 79.
2. In conducting the debriefing we suggest that you establish a pattern of going all the way around the group to get everyone's in put on each question, before allowing for disagreements and discussion. Encourage, each person to focus, if possible and appropriate, on all three parts of the critique process (top of page 76).
3. Under control, question #1, ask each person (by job category listed) to estimate their own % of time "fully productive."
4. On page 80, have each person report/give feedback on all three of those questions, at the same time, for all the people they observed -- i.e., for their "boss," for their subordinates (if any) for their peers, (if any), and for themselves.
   Note: How do grid styles reported correspond to Grid styles reported earlier this morning?

ANNOUNCE:

1. Meeting at 7:30 P.M. in Fireside Room with spouses.

2. Please complete self-analysis questionnaire on Page 99-102, before arriving at 8:00 A.M. SAturday morning.

SATURDAY MORNING SCHEDULE

8:00 A.M. Selection of Leader: Exercise: Everyone Participates:
1. Based on what I now know here is how I see myself as a Positional Leader: Strengths and weaknesses.
2. Based on what I now know, the people I feel who would be the best as Positional Leaders for this team are _____, because:
3. Now let's try to use concerns to select our next leader.

9:00 A.M. Explain Exercise. Hand Positional Leader the instruction sheet, and Pairings. Strategy Planning.

10:00 A.M. Negotiation Exercise

10:15 A.M. Posting of Results
Comments on Win/Win Negotiation

10:30 Each Team debriefs
1. Feedback to Positional Leader.
2. How did our strategy work out?
3. Scoring of Kilman
4. Debrief of Kilman Scores in Teams: What does my profile look like? Is this consistent with my behavior? Ask for feedback: How do you see me handling conflict in this group?

SATURDAY AFTERNOON SCHEDULE

1:30 P.M. Select New Positional Leader (Same process as this morning).

2:00 P.M. Introduction
2:15 P.M. Team Planning Time
3:05 P.M. Land Exploration
4:15 P.M. Scoring
4:20 P.M. Debriefing of Leadership and Teamwork

SATURDAY EVENING SCHEDULE

7:30 P.M. Force-Field Analysis of each member's Leadership Style.
Spouses meet in Fireside Room)
9:30 P.M. "Part Bench" -- A Final Opportunity to Look At Leadership Development.

SUGGESTED INSTRUCTIONS FOR TEAM CONSULTING - SATURDAY

1. Selection of new Positional Leader.

   A. Based on what I have learned so far, how do I see myself as a Positional Leader: Strengths and weaknesses.
   B. "Based on now knowing each other even better, everyone should nominate 2-3 people they would like to see as the team leader for the next exercise. Please describe the attributes and skills you see."
   C. When everyone has shared, then team should select the leader, by consensus, if possible. If this is done in less than 30 minutes, use the rest of the time to review team process.

2. At about 9:00 announce the exercise. "The Towers are Art Objects. You will have 55 minutes to develop a strategy of Negotiation that everyone understands and is committed to. Each person will be paired with a member of another team. You will have 15 minutes to reach an agreement. If no agreement is reached, both parties will receive a zero. 100 points may be divided in any way (except 50-50 split = zero for both persons.) The objective is for the team to score the most total points. A team's points are the combination of each member's points."
   ** Post sheet with partner pairing on the wall. Do not comment on Process for strategy building or on the exercise. If questions arise ask positional leader to read the instructions.

10:30 DEBRIEFING OF LEADERSHIP AND TEAM PROCESS

   ** Try to keep the team off of indepth discussion of the negotiation process. It is more important to talk about leadership, and conflict handling scores.

1. 1-2 minute report from each person on how helpful the strategy was when they actually got into the negotiation.

2. 1-2 minute feedback from each member, to the positional leader, on how well the strategy planning session was led.

11:00 DEBRIEFING ON CONFLICT HANDLING STYLES.

Each person talks about their conflict handling score. (Team consultant posts scores on flip chart.) Then talk about what happened during the negotiation earlier this morning. Then invite feedback from the group: "Is this score a reflection of the way I function in this team. What have you seen?"

Note: Give each person about 6 minutes to share and get feedback. Be sure everyone gets some good feedback. If feedback does not flow easily at this point in the week, you should stop the group and confront the need for candor: "Why aren't we able to see, and/or to give descriptive feedback to each other? Is that the way we agreed to function (on Thursday evening)? Is that the way we want to continue? Our feedback appears to reflect a 1-9 (or 5,5) approach to leadership: How would a 9-9 Team approach giving feedback?"

Appendix H

Raw Data Table

Explanation of Raw Data

Column 1-2: Subject Identification

Column 4-5: Age

Column 6: Sex:
1 = Male
2 = Female

Column 7: Marital Status:
1 = Never Married
2 = Married
3 = Divorced
4 = Separated
5 = Widowed

Column 8: Education:
1 = Grade School
2 = Some High School
3 = Completed High School
4 = Some College
5 = Completed College
6 = Some Graduate Work
7 = A Graduate Degree

Column 9: Gross Family Income:
1 = Below $10,000
2 = Between $10,000 and $19,999
3 = Between $20,000 and $29,999
4 = Between $30,000 and $39,999
5 = Between $40,000 and $49,999
6 = Over $50,000

Column 10: Required to Attend OLI Program:
1 = Yes
2 = No
3 = Cannot Say

Column 11: Attitude About Participating in OLI Program:
1 = Very Negative
2 = Somewhat Negative
3 = Neutral
4 = Somewhat Positive
5 = Very Positive

Pretest IBS T-Scores (Columns 13-57):

Column 13-14:	Denial (DE)
Column 15-16:	Infrequency (IF)
Column 17-18:	Impression Management (IM)
Column 20-21:	General Aggressiveness, Rational (GGR)
Column 22-23:	Hostile Stance (HS)
Column 24-25:	Expression of Anger (EA)
Column 26-27:	Disregard for Rights (DR)
Column 28-29:	Verbal Aggressiveness (VE)
Column 30-31:	Physical Aggressiveness (PH)
Column 32-33:	Passive Aggressiveness (PA)
Column 35-36:	General Assertiveness, Rational (SGR)
Column 37-38:	Self-Confidence (SC)
Column 39-40:	Initiating Assertiveness (IA)
Column 41-42:	Defending Assertiveness (DA)
Column 43-44:	Frankness (FR)
Column 45-46:	Praise (Giving/Receiving) (PR)
Column 47-48:	Requesting Help (RE)
Column 49-50:	Refusing Demands (RF)
Column 52-53:	Conflict Avoidance (CA)
Column 54-55:	Dependency (DP)
Column 56-57:	Shyness (SH)

Posttest IBS T-Scores (Columns 59-103):

Column 59-60:	Denial (DE)
Column 61-62:	Infrequency (IF)
Column 63-64:	Impression Management (IM)
Column 66-67:	General Aggressiveness, Rational (GGR)
Column 68-69:	Hostile Stance (HS)
Column 70-71:	Expression of Anger (EA)
Column 72-73:	Disregard for Rights (DR)
Column 74-75:	Verbal Aggressiveness (VE)
Column 76-77:	Physical Aggressiveness (PH)
Column 78-79:	Passive Aggressiveness (PA)
Column 81-82:	General Assertiveness, Rational (SGR)
Column 83-84:	Self-Confidence (SC)
Column 85-86:	Initiating Assertiveness (IA)
Column 87-88:	Defending Assertiveness (DA)
Column 89-90:	Frankness (FR)
Column 91-92:	Praise (Giving/Receiving) (PR)
Column 93-94:	Requesting Help (RE)
Column 95-96:	Refusing Demands (RF)
Column 98-99:	Conflict Avoidance (CA)
Column 100-101:	Dependency (DP)
Column 102-103:	Shyness (SH)

Column 104: Group:
1 = Treatment Group #1 (TG_1)
2 = Treatment Group #2 (TG_2)
3 = Comparison Group (CG)

01	33125625	514061	33333438313538	6263635957666243	515542	564063	31313638343533	6763696565666258	4142401
02	44125625	624546	53514952506443	6554586569663565	364252	455043	65636067576451	6046636561473558	3144541
03	42124525	404551	55486448574839	4843475653385743	315360	624558	46484943424441	6457635465565765	3651551
04	42123313	454053	51466243465651	3837473438474135	515779	404043	46485143464834	4854505142566250	5569571
05	49123512	564548	41513838384441	2726412330283035	685164	514546	40463838424838	2934303738284635	6551661
06	44125524	514046	33363638343554	4940475938524143	635559	514041	35413638343551	5140505946424658	6051621
07	36124324	514056	38384733463938	4851524238613543	554957	514056	41464743533941	4637555146423550	5560521
08	30124624	404548	50515372464454	5346445950564658	384660	454053	33313833383139	6457695946616258	5149501
09	32124434	515541	58535343614855	5037635150384150	484960	455533	56535848535654	5437525965425150	4146691
10	51124515	514553	36434548423936	5746665650285758	485742	514553	28313638343536	5851636242425750	4855401
11	51123515	624053	35334338384838	4940505442335158	604072	674563	36313838503938	4732525642333058	6040781
12	42125515	514043	35333838383934	5248505946425158	534971	454046	31363638313541	4943555446474165	5546691
13	25122315	565546	38333838504443	4737554046473550	514662	514041	51534957506443	4437444557523550	4346691
14	29125524	514556	38414543384438	5954635150426265	484462	564043	48514548504439	5748615657385158	4644591
15	55124614	514056	38414338465236	6865636265666265	414642	454061	33334338344838	6563666265665150	3857421
16	50125424	564061	31364038384439	5457555153615750	584967	454058	40484343424443	5663555650615143	5853591
17	27145424	455036	40436252424857	4146334242335165	487176	514541	38414748314849	4937525950425750	5357671
18	27125415	564551	38385143384444	6057615653515750	465166	514556	45415838465239	5957585453565158	4146521
19	42127614	404553	38383838463544	5551525461424665	483576	454058	36334538383939	5760475457616258	4637781
20	48125625	454048	46435848503546	5860555150565735	484972	514553	43464748463147	5754615138616235	6049742
21	44125412	565048	36364338463943	4743415946385158	584279	514553	33384043383938	6260526265526265	4837502
22	35127623	404048	48435843464434	6563585957566258	362879	454051	46434743505238	6360586257566265	3137452
23	37125625	674048	35384038423134	6257556261525758	434060	564053	43384352463538	6360615961526258	3440542
24	48124523	564538	45513843424444	4229475638333558	465378	624538	46534352384843	4629555646283558	4851802
25	49123524	624056	36364038383939	5251475442563043	554254	564056	43365143463936	5454475646524643	5640502
26	41127513	564556	28313633313544	4243413442474143	655174	624556	26263633313541	4634474246473543	6353712
27	43127425	625048	40414343463543	5237636550333558	485178	624546	36363643463547	5540616553424158	4657742
28	41127624	404046	41464352425239	6463616553566258	413162	404543	46464952504839	6560636553615765	3437602
29	38116524	564536	36334358463539	6154636550425758	485145	624558	31283833423538	6248636550335765	5349452
30	40125414	404561	46484552504436	5848556265475758	293571	564058	38384343463936	6360585665665765	3642722
31	60127425	454561	41413857423957	5260364546615765	536050	566458	60564957615252	5251555642474635	5846522
32	35123525	454538	58516948534855	4843525950385143	536252	564543	48485152464854	5748616253426143	4646442
33	33123425	454563	36363638423936	5646585953285758	485144	514566	30283633383541	5846635957334658	4352422
34	46124625	564538	38335133464836	5443614857563550	435745	625048	36314738503941	5540615665523558	4642522
35	30124425	455048	55565152385647	4937506234524143	514262	624048	46435152465639	5957616550565765	2642662
36	41125423	455051	50583652503543	3943395146425128	535174	404553	56633857503546	5340446553424643	4351622
37	44125613	514038	53654362573944	5148505450424658	464078	454043	51634062503947	5446505657474658	4335762
38	33116424	564061	35364538344443	3834364238473550	604671	564556	40414343424844	5048524046564158	4642692
39	381244	405936	58585643653947	5251475453425158	415769	455948	58605138574852	5346505661474158	3857713
40	371244	404543	55566757654446	5948615965425165	344652	455031	58606457613551	5951636253524665	3453503
41	321233	624063	33314043383939	5557525965565750	465554	674066	33363848343936	6363616269666265	3842523
42	261542	404546	45484348424443	4851394238475758	514454	454548	40414752423538	4854394542525765	4646593
43	261243	514558	40414043314839	5546555650285765	514057	514556	40434038385644	5343525653245165	4837623
44	411245	514566	31314338313934	5048415453426243	553764	624568	28283633313533	4948395150336258	6035663
45	321264	674068	38364333424443	5546634850524643	533547	624568	38334533463536	5848585453563550	4131453
46	301143	515053	38413438383939	5557585946476250	534247	514066	33333433384444	5648665950476250	6051443
47	301244	514068	35383638383934	6363586261566265	484266	564061	33313638384438	6363616557566265	4844743
48	291445	454051	48484748504839	6565636261616265	315544	514051	50564748465236	6865696261616265	3642443
49	471233	515056	43435143424849	2923412830243535	776474	405046	35334333383546	2420412330243520	7257593
50	551236	564046	45465348464838	6057556557566265	314655	454533	55606257574444	5651585661565758	4151693
51	511233	514541	41484338464443	4646335650334658	433760	405051	33333838383536	2520362842283528	4835553
52	411276	514561	40363638533134	5448525646425150	604462	514058	41363638464838	5337556542473550	5157673
53	481275	454043	36414343463538	5143555453424143	414044	514051	33364338464436	5343635153524143	4140423
54	411244	514066	35413843344436	5854505153565765	464250	514061	35363838345233	5751585653565765	4842543
55	391355	514058	36463848343934	6463556569616265	484052	454061	41513838384438	6263506557566265	4846453
56	381245	564568	33333638383534	5551554861564158	485762	514066	35383843383933	5243505161613058	4157553
57	481235	454056	48434938613939	5251585446564650	414967	404053	40414538464441	5646635957563558	4346573

Appendix I

Vita

VITA

BRETT A. BENNINK

PERSONAL DATA

Address: 116 SE 80th
Home Phone: (503) 256-0178
Date of Birth: 11/1/56
Marital Status: Married (Terri)

CAREER OBJECTIVE

Clinical Psychologist

EDUCATION

Psy.D. Candidate: George Fox College, Newberg, OR
Expected degree: Doctor of Psychology in Clinical Psychology
Anticipated date of degree conferment: August 1991

M.A. with high honors in Clinical Psychology
Western Conservative Baptist Seminary, 1988

B.S. with high scholarship in Business Management
Oregon State University, 1979

EMPLOYMENT HISTORY

Mental Health Therapist - Pacific Gateway Hospital (1988-90)
Working with adolescents on an acute care, dual diagnosis psychiatric unit. Responsibilities: individual and group therapy, leading unit meetings, patient administration.

Counselor - Western Psychological and Counseling Services (1989)
Supervisor: Wayne Colwell, Ph.D.
Responsibilities: therapy with adolescents, adults, and couples at Rolling Hills Church.

Consultant - Gossard-Pyron Associates (May, 1990)
Contracted to do organizational development training for employees of the Oregon State Highway Division at a five-day facilitators training conference.

Youth Work - Campus Crusade for Christ (1980-86)
Campus Director, Washington State U. (1984-86)
Campus Director, U. of Maryland (1981-84)
Campus staff member, U. of Minnesota (1980-81)

PRACTICUM SITES

Western Psychological and Counseling (1988-89)
Supervisor: Wayne Colwell, Ph.D.
Responsibilities: therapy with adults, adolescents, and couples at Rolling Hills Community Church, Tualatin, OR.

George Fox College Counseling Center (1987-88)
Supervisor: Mark McMinn, Ph.D.
Responsibilities: Individual and marital therapy with students and staff, assessment.

INTERNSHIP SITES

Portland Adventist Medical Center (1990-91)
Supervisor: Eric E. Mueller, Ph.D.
Responsibilities: this is a one year half-time internship which involves accompanying psychiatrists on rounds, facilitating inpatient group therapy, diagnosis, assessment, writing clinical evaluations of patients, participation in treatment planning meetings, individual therapy, and presenting educational lectures to patients on the eating disorders unit.

Western Psychological and Counseling
(1990-Present)
Supervisors: Wayne Colwell, Ph.D., Rodger Bufford, Ph.D., and Terri Mishler, Psy.D.
Responsibilities: this is a half-time internship with a state approved agency which involves outpatient intakes, individual therapy with adults, children, and adolescents, weekly inservice training, group supervision, diagnosis, personality and intellectual assessment, developing treatment plans, public relations work, and presenting educational seminars in the community.

OTHER EXPERIENCE AND TRAINING

Workshops Attended

"Differential Diagnosis in the Treatment of Narcissistic and Borderline Personality Disorders". (Steven K. Reed, Ph.D., 1990)

"Working With Clients Who are Chemically Dependent and Psychiatrically Disordered". (Pacific Gateway, 1989)

"Anger: Working with the Hostile Client". (Pacific Gateway, 1989)

"Framework for Therapy: The Impact of Sexual Abuse on the Lives of Adults". (Annette Selmer, M.S., 1988)

"Adult Survivors of Incest - The Trauma and the Treatment". (Seventh Annual Northwest Conference On Child Abuse, 1988)

"New Directions in Cognitive Therapy". (Aaron Beck, M.D., & Christine Padesky, Ph.D, 1987)

"Promotion of Self-Esteem Among Adolescents". (Sol Gordon, Ph.D., 1987)

"Cognitive-Behavioral Approach with Adults, Adolescents and Children". Two-day workshop. (Don Meichenbaum, Ph.D., 1987)

Miscellaneous

Graduate Fellow, George Fox College (1990-1991)
PSY 526 - Intellectual/Cognitive Assessment
PSY 525 - Personality Assessment
Professor: Dean Longfellow, Psy.D.

Executive in Residence, Oregon Leadership Institute (1989)
Working with a non-profit organization which specializes in employee and organizational development. Unpaid training experience included co-facilitating a T-group, communication training, conflict management, leadership development, and team building.

Campus Director, Campus Crusade for Christ (1981-86)
Responsibilities: counseling, speaking, program planning, personnel training and development, staff supervision, university and community relations, fund raising, financial accounting and budgeting, monthly newsletter, and leading summer project teams in Asia and Australia.

L'Abri Fellowship, Switzerland (1980).
Completed a three-month, non-credit, independent study program.

PSYCHOMETRIC EXPERIENCE

Minnesota Multiphasic Personality Inventory (MMPI)
Interpersonal Behavior Survey (IBS)
Rotter's Incomplete Sentence Blank
Bender Visual-Motor Gestalt
Beery Dev. Test of Visual-Motor Integration
Wechsler Adult Intelligence Scale-Revised
Wechsler Intelligence Scale for Children-Revised
Stanford-Binet Intelligence Scale: Fourth Edition
Wide Range Achievement Test (WRAT)
Diagnostic Reading Scales (Spache)
House-Tree-Person Test
Thematic Apperception Test (TAT)
Beck Depression Inventory
Ammons and Ammons Quick Test
Luria-Nebraska Neuropsychological Screening Test-II
Benton Visual Retention Test
FIRO-B

MEMBERSHIPS

Student Affiliate, American Psychological Association.

REFERENCES

Available upon request

DISSERTATION

"An Evaluation of the Effects of a Laboratory Learning Program on the Interpersonal Behavior of Participants".