Assertiveness and Mental Health Professionals: Differences Between Insight-Oriented and Action-Oriented Clinicians

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Aligning with a particular theoretical orientation or personal multi-theory integration is often a formidable task to entry-level counselors. A better understanding of how personal strengths and abilities fit with theoretical approaches may facilitate this process. To examine this connection, thirty-five mental health professionals completed a series of inventories to determine if passive counselors adhere to more nondirective, insight-oriented theories, while assertive counselors adhere to more directive, action-oriented approaches. Analyses revealed a significant difference between level of assertiveness and theoretical orientation, with action-oriented counselors demonstrating significantly higher levels of assertiveness than insight-oriented counselors. Implications for professional practice and counselor education are discussed.

Keywords: assertiveness, theoretical orientation, action-oriented, insight-oriented, professional practice, counselors

Murdock, Banta, Stromseth, Viene, and Brown (1998) assert that research into the predictors of theory construction benefits the profession, because the information aids educators and clinical supervisors in helping students and beginning counselors to adopt an appropriate theoretical orientation. If counselors knew what personal strengths and abilities fit best with potential therapeutic approaches (Johnson, Germer, Efran, & Overton, 1988), then adhering to a model of therapy might be less complex, more satisfying, and essentially advantageous for their clientele. To assist in the alleviation of this issue, this study intends to examine the difference between insight-oriented and action-oriented counselors on level of assertiveness.

One of the most exciting and typically daunting tasks for counselors is choosing a theoretical orientation (Halbur & Halbur, 2005). Particularly, choosing one that adequately explains human development and functioning while also attempting to purport interventions that can facilitate greater personal growth and behavioral change in clients. Doing so, however, requires more than simple investigation into the diverse multitude of therapeutic approaches available to counselors. According to Patterson (1985), extensive self-exploration into one's own personality, values, abilities, and beliefs about human nature are equally salient, as is mandatory longstanding experience. Even then, counselors find that no one theory may suffice or help explain human complexity, which leads to personal theory construction, attempts at theoretical integration, and/or technical eclecticism (Corey, 2008).

Simplifying personal theory construction, or single/multi-theory integration, might assist counselors in choosing a theory that is a better fit for them. With over 400 available therapeutic models (Corsini & Wedding, 2008), counselors find themselves overwhelmed and indifferent to obtaining a sound theoretical foundation, and opt for more technique-oriented practices (Cheston, 2000; Freeman, 2003). Improvements in the manner in which counselors choose a theory would advance knowledge and understanding about the usefulness of adhering to a particular model of therapy. This would also increase treatment consistency and decrease the haphazard, inexperienced practice common with counselors who compile a therapeutic toolbox of empirically-supported interventions, but fail to grasp the rationale that supports their use (Corey, 2008). According to Corsini and Wedding (2008), good therapists follow a particular theory and use techniques associated with that theory and that "technique and method are always secondary to the clinician's sense of what is the right thing to do with a given client at a given moment in time" (Corsini & Wedding, 2008, p. 10). Further, MacCluskie (2010) discusses the role of theory in counseling and states that, "Practitioners need theories because it is our theory that drives our understanding and conceptualization of the client, the client's problem, and what strategies and techniques we might use to

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help the client grow and/or feel better" (p. 9).

Style and Theoretical Orientation

Researchers interested in how a counselor constructs or chooses a particular theory examine multiple predictive factors. For example, Scragg, Bor, and Watts (1999) examined graduate students' scores on personality assessments as predictors of a chosen theoretical model. They categorized students into two groups derived from their interest in studying directive or nondirective approaches, and found that students interested in the nondirective theories tend to prefer dealing with the abstract and working in an unstructured manner, and that students interested in learning more directive approaches appear to have more charm and leadership ability than the nondirective group. Similarly, Erickson (1993) found differences between theoretical groups based on personality assessment. She measured counselors using the *thinking/feeling* typology of the Myers-Briggs Type Indicator and found that thinking types reported preferences toward cognitive approaches (e.g., REBT), and feeling types favored affective approaches (e.g., Person-Centered).

Murdock et al. (1998) investigated whether one's philosophical assumptions, interpersonal style, and supervisor orientation were consistent with specific theoretical orientations. They found that existential/gestalt counselors favor holistic philosophies rather than behavioral ones, which is consistent with their orientation. The systems/interpersonal group preferred observable and contextual causes of behavior rather than mental explanations, and the cognitive/cognitive-behavioral counselors scored high on elementarism (mechanistic, as opposed to holistic) due to their tendency to attend to client's thoughts and behaviors as the source of change. The psychoanalytics, however, were the only group to score significantly higher on all other measures, meaning they tend to be more dominant interpersonally and prefer supervision from same-orientation supervisors.

Walton (1978) examined counselor self-concept, or view of personal self, as a potential factor predicting theoretical orientation. Among the factors analyzed on a semantic differential instrument, differences between complexity and seriousness were found between the psychodynamic counselor and one who adheres to a rational-emotive approach. Psychodynamic counselors reported themselves as serious and intricate, contrasted to the rational-emotive group who viewed themselves as simple and humorous.

Cummings and Luchese (1978) postulated, "The emergence of an orientation is one given to the whims of fate" (p. 327), not choice, which Steiner (1978) identified as a direct result of one's chosen graduate training and persuasive influence from professors and supervisors. Norcross and Prochaska (1983) disagree, arguing that it is foolish to think "clinicians select an orientation largely on inexplicable or accidental grounds" (p. 197). They questioned experienced psychologists, not graduate students, as to what factors fueled their theory selection. Among the various influences obtained via survey, clinical experience rated as the most influential. Other factors such as values, graduate training, postgraduate training, life experiences, internship, and the theory's ability to help in self-discovery received strong ratings. Client type, orientations of colleagues, undergraduate training, and accidental circumstances received a weak or no influential rating.

Although client type was found less influential than other predictive factors (Norcross & Prochaska, 1983), researchers who support technical eclecticism argue otherwise, asserting that a client's needs should determine a clinician's orientation (Cheston, 2000; Erickson, 1993). Supporters of this approach encourage clinicians to consider adhering to methodologies that utilize specific empathic techniques that build greater rapport and subsequent growth in clients who conceptually do better with a particular interpersonal style (Bayne, 1995; Churchill & Bayne, 2001). Bayne (1995), for example, contends that if a client appears less innovative and more practical, then he or she should receive cognitive-behavioral counseling, rather than approaches that require creative expression. Extroverts, according to Bayne (1995), are more suitable for humanistic or insight-oriented approaches and group counseling, because they tend to be more sociable and talkative.

Assertiveness and Orientation

According to Gass and Seiter (2003), "Assertive people are not afraid to speak up, express their feelings, or take initiative" (p. 115). Assertive people are viewed as more socially influencing (Cialdini, 2001). In the clinical community, assertive people are sometimes defined by the amount of directiveness utilized in therapy. Kottler and Brown (2000) explain that directiveness involves one's ability to influence an individual or family in such a way that they are motivated to make

positive changes one goal at a time. They state that by taking initiative, setting limits, structuring sessions, and defending their suggestions, directive counselors are more likely to use their expert position for positive therapeutic gains. However, this does not mean that assertiveness equals directiveness, per se. No known research exists to validate that the two are parallel.

Although assertiveness on the part of the counselor is an influential factor in client growth and development, and essential for conflict resolution (Ramirez & Winer, 1983; Smaby & Tamminen, 1976), it has not been isolated or tested as an actual predictor for theoretical orientation. This study aims to add to the list of predictive factors that potentially contribute to the adoption of a theoretical orientation by examining whether an experienced counselor's level of assertiveness relates to his or her chosen approach. Namely, whether passive counselors tend to adhere to more nondirective, insight-oriented theories, and if assertive counselors tend to adhere to more directive, action-oriented approaches.

Method

Participants

Thirty-five ($N = 35$) mental health professionals from two mid-south community mental health agencies participated in this study. Fifty packets containing each instrument were hand delivered to qualifying participants, resulting in a 70% response rate. Purposive sampling was used to ensure that respondents had at least two years of clinical experience, and to obtain enough participants from different experience levels. The reason experienced counselors were chosen is that they have had more time to practice different approaches and are more likely to have identified the orientation that best fits them, whereas "students are not capable of formulating a theory," since "theories are developed by mature individuals on the basis of a thorough knowledge of existing theories and long experience" (Patterson, 1985, p. 349).

Participants had the following licenses: Clinical Psychologist ($n = 1$); Counseling Psychologist ($n = 3$); Psychological Examiner ($n = 7$); Social Worker ($n = 12$); and Professional Counselor ($n = 13$). There were 20 females and 15 males. Nineteen participants reported between 2–5 years of experience, while six reported having between 5–10 years of experience, and 10 reported having more than 10 years of experience. Sixteen participants reported adhering to an insight-oriented approach, and 19 were action-oriented. Each participant self-identified as Caucasian.

Instruments

Assertiveness Self-Report Inventory. The Assertiveness Self-Report Inventory (ASRI; Herzberger, Chan, & Katz, 1984) is a brief measure of behavioral assertiveness, developed intentionally with adequate validity data in mind. Other measures of assertiveness have been criticized for not reporting psychometric information (Corcoran, 2000). The instrument is a 25-item measurement with a forced-choice, true/false scale, with half of the items reverse scored to decrease the likelihood of a response set.

Herzberger et al. (1984) report high internal consistency with the ASRI (Cronbach's Alpha = .78), strong test/retest reliability ($r = .81, p < .001$), and strong convergent validity with the Rathus Assertiveness Schedule (Rathus, 1973) during two testing sessions ($r = .70, p < .001$; $r = .63, p < .001$). For further validation, two criterion-related studies were conducted measuring participants' ability to offer assertive-like solutions to social dilemmas and peer ratings of participants' assertiveness. Both studies produced significant relationships to scores on the ASRI ($r = .67, p < .001$; $r = .40, p < .005$).

Bakker Assertiveness-Aggressiveness Inventory. The Bakker Assertiveness-Aggressiveness Inventory (AS-AG; Bakker, Bakker-Rabdau, & Breit, 1978) is a 36-item inventory that measures two dimensions of assertiveness necessary for social functioning: the ability to refuse unreasonable requests (Assertiveness) and the ability to take initiative, make requests, or ask for favors (Aggressiveness), with both scales available for use as separate 18-item instruments (Corcoran, 2000). Each item provides the reader with a specific conflict situation and a specific behavioral response, and asks examinees to rate the likelihood that they would respond in the same manner. Half the items contain an assertive response, whereas the other half contains more passive, submissive responses (Bakker et al., 1978). Each item is scored on a five-point likert scale ranging

from almost always (AA = 1) to almost never (AN = 5).

Normative data were collected from seven groups, including health professionals, city employees, college students, and clients of an adult development program seeking assertiveness training. Test-retest reliability data are strong for both scales: .75 for the assertiveness scale and .88 for the aggressiveness scale, and split-half reliability of .58 and .67 for both scales, respectively (Bakker et al., 1978). Validity measures were obtained by comparing each group with the college sample, since it was the largest (n = 250). The only group to significantly differ in assertiveness/aggressiveness was the adult development program clients ($p < .001$), confirming "that the scales are sensitive to differences in functioning" (Bakker et al., p. 282).

The Simple Rathus Assertiveness Schedule. The Simple Rathus Assertiveness Schedule (SRAS; McCormick, 1985) is a revised measure of the Rathus Assertiveness Schedule (Rathus, 1973) designed to improve the original measure's readability and usability (Corcoran, 2000). A 30-item instrument, the schedule measures social boldness by asking readers to rate themselves on various personal inclinations, such as *I enjoy meeting and talking to people for the first time and I have sometimes not asked questions for fear of sounding stupid* (McCormick, 1985). Items are scored on a six-point Likert scale, ranging from 6 (very much like me) to 1 (very unlike me).

Reliability for the SRAS is "very good" (Corcoran, 2000, p. 746) when compared with the original Rathus, with the correlation between odd and even items on both versions at .90, and overall total scores correlating at .94, suggesting that "a satisfactory degree of equivalence had been obtained between both measures" (McCormick, 1985, p. 97). The original Rathus reported test/retest reliabilities of .77 ($p < .01$) and strong convergent validity with other measures of assertiveness.

Procedure

Participants were placed in one of two groups based on their reported theoretical orientation, which Kottler and Brown (2000) categorized as insight-oriented and action-oriented. Insight-oriented approaches believe that self-discovery and revelation is the path to true growth and consists of humanistic, psychodynamic, interpersonal, and experiential theories. Action-oriented approaches are defined as theories that utilize direct interventions and action for symptom reduction. Theories within this category are behavioral, cognitive, strategic, and solution-focused in nature.

Both groups completed an assessment packet, consisting of an informed consent form, a demographic sheet, and the three measurements of assertiveness. Presentation of instruments was identical in both groups. Scores were totaled and compared between each group. Consent forms were kept separate to ensure confidentiality of the information.

Results

A Pearson product-moment correlation analyzed the relationship between all three assertiveness instruments to investigate convergent validity. This analysis revealed a significant positive correlation between the ASRI and SRAS ($r = .78$, $p < .0001$) between the ASAG and SRAS ($r = .56$, $p = .0017$) and between the ASRI and ASAG ($r = .51$, $p = .0004$). The nature of the correlation coefficients indicates a strong convergent validity between all three instruments.

Data were analyzed via a one-way analysis of variance (ANOVA) in order to find differences between insight-oriented and action-oriented counselors on three assertiveness instruments. Additionally, effect sizes are reported as small ≥ .02, medium ≥ .13, and large ≥ .26 (see Steyn & Ellis, 2010). Sample means and trial effects are presented in Table 1. The ANOVA on the ASRI revealed a significant difference between each group: $F(1, 33) = 7.75$, $MSE = 7.66$, $p < .0088$. The mean score for the insight-oriented group was 13.40 (SD = 2.92), and the mean for the action-oriented group was 16.05 ($SD = 2.63$). The multivariate effect size η2 = .19 indicates a moderate relationship between theoretical orientation and participant assertiveness.

Table 1

Comparison of Group Differences in Level of Assertiveness across Orientation

	Insight Oriented (n = 16)		Action Oriented (n = 19)		Trial Effects		
	M	*SD*	*M*	*SD*	*F*	*P*	multivariate η^2
ASRI	13.40	2.92	16.05	2.63	7.75	.0088	.19
AS-AG	101.94	29.11	120.84	14.30	6.25	.0176	.16
SRAS	106.06	11.39	119.11	15.79	7.58	.0095	.19

Note. N = 35. Lower means indicate lower levels of assertiveness. ASIR = Assertiveness Self-Report Inventory and ranges from 0–25. AS-AG = Bakker Assertiveness-Aggressiveness Inventory and ranges from 36–180. SRAS = The Simple Rathus Assertiveness Schedule and ranges from 30–180.

Next, the ANOVA on the AS-AG revealed a significant difference between each group: $F(1, 33) = 6.25$, $MSE = 496.53$, $p < .0176$. The mean score for the insight-oriented group was 101.94 (SD = 29.11), and the mean for the action-oriented group was 120.84 (SD = 14.30). The multivariate effect size $\eta^2 = .16$ indicates a moderate relationship between theoretical orientation and participant assertiveness.

Finally, the results of the ANOVA on the SRAS revealed a significant difference between each group: $F(1, 33) = 7.58$, $MSE = 195.05$, $p < .0095$. The mean score for the insight-oriented group was 106.06 (SD = 11.39), and the mean for the action-oriented group was 119.11 (SD = 15.79). The multivariate effect size $\eta^2 = .19$ indicates a moderate relationship between theoretical orientation and participant assertiveness.

Discussion

The purpose of this study was to determine if passive counselors tend to adhere to more nondirective, insight-oriented theories, and if assertive counselors tend to adhere to more directive, action-oriented approaches. Data from scores on the Assertiveness Self-Report Inventory, the Bakker Assertiveness-Aggressiveness Inventory, and the Simple Rathus Assertiveness Schedule suggest that a significant difference does exist between insight-oriented and action-oriented counselors on level of assertiveness, suggesting that level of assertiveness in mental health professionals is a viable factor in theoretical orientation development. In fact, action-oriented counselors had significantly higher levels of assertiveness than the insight-oriented counselors did across all three measures, with the variability of the scores on the AS-AG indicating substantial differences between the two orientations. Not surprisingly, the results on all three measures were in the same direction, consistent with the convergent validity of the measures.

Effect size analyses indicate that moderate relationships exist between theoretical orientation and participant assertiveness, which are clinically meaningful and of practical significance in addition to statistical significance (LeCroy & Krysik, 2007). This finding supports Kottler and Brown's (2000) position on the nature and quality of directiveness in the therapeutic relationship. That is how assertiveness on the part of the counselor can be an influential factor in client growth and development. This suggests that possibly the two may in fact be parallel. Nonetheless, according to the results, counselors that choose directive approaches appear to be assertive themselves.

Previous research has investigated several predictive factors that contribute to the adoption of a theoretical orientation by counselors (Bayne, 1995; Erickson, 1993; Freeman, 2003; Johnson et al., 1988; Murdock et al., 1998; Norcross & Prochaska, 1983; Steiner, 1978; Walton, 1978). No one study, however, has been able to identify each factor interdependently, opting to isolate specific factors independently via multiple examinations. This study aimed to add to the established list of identified predictive factors by examining whether an experienced counselor's level of assertiveness relates to his or her chosen approach. We believe that we can now add assertiveness to the list of predictive factors, which

include personality type, therapist training, age of clients, and level of counselor development. A limitation in this study was the ability to generalize to different races. All mental health professionals that participated were Caucasian. Another possible limitation was that the participants self-reported on their theoretical orientation.

Implications and Conclusions

The counseling profession benefits from research designed to identify the predictive factors leading to one's choice of a theoretical orientation. Graduate programs, for example, could use the current data to facilitate the process of theory formation and adoption, including theoretical integration and technical eclecticism, in addition to general instruction that covers the history of theory and the art of the therapeutic relationship. Supervisors of beginning clinicians might profit, not only in facilitating a supervisee's development of professionalism, but by assisting them to re-examine their strengths and limitations, which may lead to an investigation into new theoretical possibilities that create a better "clinical fit." Even agencies, conceivably, could utilize the predictors in an attempt to match a client to a particular counselor based on theory and personality. Although this may not seem practical, such an effort could be a positive ingredient for increasing community outcome measures and reducing counselor burnout. Further research supporting this idea would be beneficial. Conversely, further research is necessary to investigate whether matching a counselor's personality to a theoretical orientation is actually empirically effective. This study is limited by the fact that it does not provide support for such a hypothesis, but does support its consideration.

Although the list of predictive factors leading to a counselor's choice of orientation is extensive and complex, and no study has been able to identify them in their entirety, it does not mean that isolating the factors for clinical research is meaningless. On the contrary, identifying the predictive factors is advantageous. Doing so could make theory adoption more counselor-centered and satisfying to the adopting practitioner, who can choose an approach that "fits" best.

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