

# Assertiveness Decoded: Building Confidence Through Evidence-Based Training

## What is Assertiveness Training?

Assertiveness training (AT) is a form of behavior skills training designed to help individuals stand up for themselves and empower themselves [5]. Its fundamental principle is to teach people to express their thoughts, feelings, and needs directly and honestly while consistently respecting the rights and dignity of others [4][5][55]. Assertiveness is conceptualized as a balanced response, maintaining an appropriate middle ground between passive and aggressive behaviors [4][5][19]. Assertive communication aims to promote fairness and equality in human interactions, rooted in a positive sense of respect for oneself and others [5].

The foundational concepts of assertiveness were developed in the late 1950s and early 1960s by pioneers like Andrew Salter (1949), who identified that some individuals struggled to express themselves appropriately and advocate for their rights [5][25]. Joseph Wolpe (1958) further contributed by conceptualizing AT as an

intervention primarily aimed at reducing anxiety [5][46]. These early innovators sought to equip individuals with assertiveness skills for more effective functioning [5].

A core tenet of AT is that assertiveness is not an innate personality trait but a learned behavior [4][5][19]. The training focuses on teaching appropriate strategies for identifying and acting upon one's desires, needs, and opinions while consistently remaining respectful of others [5]. It addresses both verbal and nonverbal communication aspects, including the clear expression of requests, feelings, opinions, and limits, as well as crucial nonverbal cues such as eye contact, posture, tone, volume of speech, interpersonal distance, and active listening [4][5]. It notably encourages the use of "I" statements to convey ideas and feelings confidently without resorting to aggression [5][31].

Structurally, AT typically involves psychoeducation, the direct teaching of assertiveness skills, and extensive practice of assertive behaviors [28]. Techniques commonly employed include behavioral rehearsal (role-playing specific situations), modeling (demonstration of desired behaviors by the therapist), and cognitive restructuring (challenging anxious thoughts) to alleviate anxiety and build skills [4][46]. Facilitators provide supportive and honest feedback during practice sessions to help clients refine their skills [4][5][28].

## Is it effective?

Assertiveness training is widely supported by research as an effective intervention. Numerous studies and meta-analyses indicate its utility across various populations

and in addressing a range of clinical problems [5][45][46].

## **Overall Efficacy**

A substantial body of research demonstrates that AT is a valuable transdiagnostic intervention [46]. Meta-analyses comparing psychotherapy outcomes for depression and social anxiety have shown that social skills training (which includes assertiveness training) is similarly effective compared to other cognitive-behavioral interventions [46]. Despite some critiques in the 1980s and 1990s concerning its "ecological validity," its effectiveness has been consistently established through structured learning and behavior modification, often delivered in group settings [5][19]. Studies also confirm a significant positive relationship between self-reported assertiveness and communicative competence [56].

## **Key Outcomes of Assertiveness Training**

Participation in assertiveness training programs yields multiple measurable benefits across personal, interpersonal, and professional domains. The most fundamental outcome is increased assertiveness itself, with participants demonstrating significantly improved ability to articulate their needs and establish healthy personal boundaries [5][17][51][55]. Emotionally, individuals report enhanced well-being characterized by elevated self-esteem, decreased anxiety levels, and more effective anger management strategies [1][5][31][46]. The training also produces marked improvements in interpersonal dynamics, equipping participants with more effective communication techniques, enhanced

conflict resolution skills, and stronger relationship-building capacities [5][25][31][55]. Professionally, AT contributes to workplace confidence, fosters better teamwork, and in healthcare settings particularly, improves patient safety outcomes through clearer communication among medical staff [1][28][57]. Perhaps most importantly, the program cultivates greater psychological resilience and adaptability, enabling participants to cope more effectively with stress and make better decisions in rapidly changing situations [16][17][45]. These comprehensive outcomes demonstrate how assertiveness training serves as a powerful intervention for personal development and social functioning.

## **Condition-Specific Outcomes**

Assertiveness training demonstrates significant benefits across various psychological conditions. For individuals struggling with anxiety and depression, AT has proven particularly effective in reducing symptoms, especially social anxiety, by targeting the underlying fears associated with self-advocacy [46]. The intervention also shows comparable efficacy to other established treatments in alleviating depressive symptoms [46]. Among patients with serious mental illness (SMI), including schizophrenia, AT contributes to improved assertive behavior and decreased social anxiety, outcomes that may support earlier hospital discharge and better community reintegration [46][51]. The training also fosters enhanced self-esteem and interpersonal functioning, leading to more satisfying relationships and improved communication skills [5][28][31][46]. Additionally, AT participants report better stress management and emotional

regulation, including the ability to express anger constructively rather than suppressing or acting out aggressively [4][5][16][31]. These condition-specific improvements highlight AT's versatility as an intervention for both clinical and subclinical populations.

## **Current Status and Recognition**

While AT had a prominent clinical and research presence from the 1960s to the 1980s, its recognition as a distinct, stand-alone intervention has decreased in mainstream clinical psychology literature since the 1980s [5][46]. This decline is largely attributed to shifts in research funding priorities towards a medical model that emphasizes specific DSM disorders over transdiagnostic variables like assertiveness [5][46]. However, AT continues to be practiced and studied as a stand-alone intervention outside traditional therapeutic contexts, for example, in workplace and community programs [5][46]. Its techniques are often integrated into larger treatment packages under different terminologies, such as the "interpersonal effectiveness" module in Dialectical Behavior Therapy (DBT) [5][15][46].

## **Populations That Benefit from Assertiveness Training**

Assertiveness training has demonstrated effectiveness across a broad spectrum of populations, making it a versatile intervention with wide-ranging applications. Clinical populations, including individuals struggling with depression, social anxiety, schizophrenia, or low self-esteem, show significant improvements in communication skills and emotional regulation following AT interventions [4][5][16][46][51]. In workplace

settings, the training proves particularly valuable for employees, medical professionals, and corporate professionals, helping to enhance communication effectiveness, teamwork, and overall job satisfaction [1][25][57]. Educational contexts also benefit substantially, with university students, adolescents, and children showing marked improvements in resilience, self-advocacy, and social confidence through AT programs [5][17][45][55]. Additionally, marginalized groups such as prison inmates, women, and individuals with intellectual disabilities, who often face systemic barriers to self-expression, experience empowerment and improved interpersonal skills through assertiveness training [3][5][23]. This wide applicability underscores AT's potential to address communication challenges and promote psychological well-being across diverse demographic and situational contexts.

## **The Benefits of Using Improvisational Exercises in Assertiveness Training**

While existing literature does not extensively examine the direct integration of improvisational exercises within assertiveness training (AT), the fundamental principles of improv theater align remarkably well with AT's core objectives. Improvisation inherently cultivates essential communication and social skills that form the foundation of assertive behavior, including active listening, adaptive responding, present-moment awareness, and collaborative interaction [7][31][53]. These competencies directly support the development of effective assertive communication, which requires both clarity

of expression and receptivity to others' perspectives.

The experiential nature of improv makes it particularly valuable for AT, as both approaches emphasize learning through direct practice rather than passive instruction. Just as AT utilizes role-playing to simulate real-world scenarios [4][22][28], improv creates a low-risk environment where participants can experiment with assertive behaviors without fear of real-world consequences [25]. This safe space for experimentation is crucial for building the emotional intelligence components that underpin assertiveness, particularly: self-awareness, emotional regulation, and the ability to constructively navigate interpersonal tensions [9][31].

Research demonstrates that improv techniques significantly enhance self-confidence and social presence, with participants reporting increased comfort in maintaining eye contact and engaging in spontaneous interactions [31][50]. These outcomes address a common challenge in AT, where individuals often struggle with hesitation or self-doubt when asserting themselves [5][6]. Furthermore, improv's emphasis on quick thinking and adaptability helps participants develop the flexibility needed to respond effectively in dynamic social situations [33], while the continuous feedback loop inherent in improv exercises mirrors AT's use of behavioral reinforcement [4][19][25].

When integrated into assertiveness training, improvisational exercises offer a dynamic framework for practicing and internalizing assertive communication. The playful yet structured nature of improv allows participants to develop crucial skills - including emotional regulation, confident

self-expression, and adaptive responding - in an engaging format that enhances retention and real-world application [31]. This synergy suggests that improvisational techniques could serve as a powerful adjunct to traditional AT methods, particularly for individuals who benefit from experiential, embodied learning approaches.

## Reference List

1. Abdelaziz, E. M., Diab, I. A., Ouda, M. M. A., Elsharkawy, N. B., & Abdelkader, F. A. (2020). The effectiveness of assertiveness training program on psychological wellbeing and work engagement among novice psychiatric nurses. *Nursing Forum*, 55(2), 309–319.
2. Ames, D. R., & Flynn, F. J. (2007). What breaks a leader: The curvilinear relation between assertiveness and leadership. *Journal of Personality and Social Psychology*, 92, 307–324.
3. Aneke, C. I. (2023). Effects of reality therapy and assertiveness training on the psychosocial problems of female prisoners in Lagos, Nigeria. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 84(2-B).
4. Association for Behavioral and Cognitive Therapies. (n.d.). *Assertiveness* [Fact sheet].
5. Awate, S. K., & Rukumani, J. (2021). Assertiveness training. *International Journal of Advance Research in Nursing*, 4(2), 01–06.
6. Bassisa, D., Rybko, J., & Maor, R. (2023). It's never too late to improvise: The impact of theatre improvisation on elderly population. *Experimental Aging Research*, 49(2), 83–99. <https://doi.org/10.1080/0361073X.2022.2059208>
7. Begun, S. (2024). "I felt like I was me again": a pilot study exploring improv as a facilitator of wellness among women

- experiencing homelessness. *Journal of Social Distress and Homelessness*.
8. California Board of Corrections. (2004). *Mentally ill offenders crime reduction grant program: Annual report to the legislature*.  
[http://www.bdcorr.ca.gov/cppd/miocrg/2004\\_annual-report/miocrg\\_2004\\_annual\\_report.doc](http://www.bdcorr.ca.gov/cppd/miocrg/2004_annual-report/miocrg_2004_annual_report.doc)
  9. Cenkci, A., & Roetting, C. (2024). Using Improvisational Theater to Develop Emotional Intelligence. *The International Journal of Pedagogy and Curriculum*.
  10. Chandler, D., Spicer, G., Wagner, M., & Hargreaves, W. (1999). Cost effectiveness of a capitated assertive community treatment program. *Psychiatric Rehabilitation Journal*, 22(4), 327–336.
  11. Cusack, K. J., Morrissey, J. P., Cuddeback, G. S., Prins, A., & Williams, D. M. (2010). Criminal justice involvement, behavioral health service use, and costs of forensic assertive community treatment: A randomized trial. *Community Mental Health Journal*, 46(4), 356–363.
  12. Dearing, J. H., & Cox, J. G. (2018). Diffusions of innovations theory, principles, and practice. *Health Affairs*, 37(2), 183–190.
  13. Dixon, L. (2000). Assertive community treatment: Twenty-five years of gold. *Psychiatric Services*, 51(6), 759–765.
  14. Drug and Alcohol Services Information System. (2019). *National Mental Health Services Survey (N-MHSS)*. U.S. Substance Abuse and Mental Health Services Administration.
  15. Egolf, A. (2023). DBT assertiveness skills in the therapeutic milieu. *Brown University Child & Adolescent Behavior Letter*, 39(3), 1–6.
  16. Eslami, A. A., Rabiei, L., Hamidizadeh, S., Afzali, S. M., & Masoudi, R. (2016). The Effectiveness of Assertiveness Training on the Levels of Stress, Anxiety, and Depression of High School Students. *Iranian Red Crescent Medical Journal*, 18(1), e21096.
  17. Gadari, S., Farokhzadian, J., & Shahrabaki, P. M. (2023). Effectiveness of Virtual Resilience Training on Assertiveness in Student Girls Aged 9–10 Years: A 1-Month Follow-Up. *The Journal of School Nursing*, 39(4), 313–320.
  18. Gale, E. N., & Carlsson, S. G. (1976). *The ABC model of assertive behavior*.
  19. Gerber, L. (2023). "Assertiveness is primarily self-control" (S'affirmer, c'est d'abord se contrôler): From the clinic to the work field. *History of Psychology*, 26(3), 187–209.
  20. Glenwick, D. S., & Lagana Arata, C. (1977). Assertiveness training in a college companion program: Effects on student volunteers and rehabilitation center clients. *Rehabilitation Psychology*, 24(4), 225–230.
  21. Gold, P. B., Meisler, N., Santos, A. B., et al. (2003). The Program of Assertive Community Treatment: Implementation and dissemination of an evidence-based model of community-based care for persons with severe and persistent mental illness. *Cognitive and Behavioral Practice*, 10(3), 290–303.
  22. Gonella, S., Brofferio, L., Stella, L., Sciarrotta, D., Di Giulio, P., & Dimonte, V. (2025). Staff's knowledge and self-confidence in difficult communication: Evaluation of a short experiential-based training program. *Nursing Reports*, 15(1), 60.
  23. Gregg, R. E. (1976). *Passivity, assertion, and aggression: Assertive training with two types of institutionalized criminal offenders* [Doctoral dissertation, University of Texas Health Science Center at Dallas].
  24. Hicks, M. R., Putans, L., Comartin, E. B., Burgess-Proctor, A., & Kubiak, S. P. (2023). Women's experiences in mental health jail intervention programs. *Journal of Offender Rehabilitation*, 62(2), 118–135.

- <https://doi.org/10.1080/10509674.2022.2161691>
25. Jandhyala, S., & Kumar, N. (2024). Striking the balance: Assertiveness training for constructive workplace conversations in India. *Journal of Human Behavior in the Social Environment*, 34(6), 980–992. <https://doi.org/10.1080/10911359.2024.2371416>
  26. Keltner, A. A., Marshall, P., & Marshall, W. L. (1981). Description of assertiveness in a prison population. *Corrective and Social Psychiatry and Journal of Behavior Technology Methods and Therapy*, 27(1), 41–47.
  27. Kolb, S. M., & Griffith, A. C. S. (2009). "I'll repeat myself, again?" Empowering students through assertive communication strategies. *TEACHING Exceptional Children*, 41(3), 32–36.
  28. Kumari, A., Paniyadi, N. K., Singh, P., et al. (2025). Effectiveness of assertiveness training on self-esteem and assertiveness among nursing students. *International Journal of Nursing Education*, 17(1).
  29. Lamberti, J. S., Weisman, R., & Faden, D. I. (2004). Forensic assertive community treatment: Preventing incarceration of adults with severe mental illness. *Psychiatric Services*, 55(11), 1285–1293.
  30. Limberger, J., & Andretta, I. (2022). Effects of social skills training for drug users under treatment. *Psico-USF*, 27(2), 211–223.
  31. Mayo Clinic. (n.d.). *Being assertive: Reduce stress, communicate better*. <https://www.mayoclinic.org>
  32. Mehta, A., Hendel-Paterson, B., Shah, N., Hemphill, J., Adams, N., & Fredrickson, M. (2024). Intelligent play: How improv can improve clinician's emotional intelligence. *Clinical Teacher*, 21(4), e13730.
  33. Morrow, C., Barnhart, D., Wefald, A., & Smith, A. (2025). Literature review of the fields of LaPD and improvisational theatre. *Journal of Change Management: Reframing Leadership and Organizational Practice*, 25(1), 31–40.
  34. National Alliance on Mental Illness (NAMI). (2002). *The PACT Advocacy Guide*. National Assertive Community Treatment Assistance Center.
  35. National Alliance on Mental Illness (NAMI). (2009). *Grading the States 2009: A report on America's health care system for adults with serious mental illness*.
  36. National Registry of Evidence-Based Programs and Practices. (2017). *Literature review of assertive community treatment*. Substance Abuse and Mental Health Services Administration.
  37. Nouroozi, A., Etemadifar, S., Deris, F., & Davoodvand, S. (2023). The effect of assertiveness-based empowerment on professional commitment and moral courage of nurses working in Shahrekord educational hospitals. *Journal of Multidisciplinary Care*, 12(3), 111–116.
  38. Omura, M., Levett-Jones, T., & Stone, T. E. (2019). Design and evaluation of an assertiveness communication training programme for nursing students. *Journal of Clinical Nursing*, 28(9-10), 1990–1998.
  39. Pinninti, N. R., Fisher, J., Thompson, K., & Steer, R. (2010). Feasibility and usefulness of training assertive community treatment team in cognitive behavioral therapy. *Community Mental Health Journal*, 46(4), 337–341.
  40. Ramus, T., Castellaneta, F., Giordano, F., & Perrini, F. (2025). When social innovations foster integral human development: Evidence from the impact of theatrical activities on prison inmates' social skills. *Journal of Business Ethics*, 197(3), 465–487.
  41. Robbie, S., & Warren, B. (2021). Dramatising the shock of the new: Using arts-based embodied pedagogies to teach life skills. *Discourse: Studies in*

- the Cultural Politics of Education*, 42(5), 749–764.  
<https://doi.org/10.1080/01596306.2020.1843114>
42. Rochefort, D. A. (2019). Diffusion of assertive community treatment. *The Milbank Quarterly*, 97(4), 1151–1199.
  43. Scanlon, F., & Morgan, R. D. (2025). Mental health services in jail: Identifying and quantifying barriers to implementation. *Psychological Services*.
  44. Sheeba, V.S., Christobel, C.B., Malchijah, F., & Appavu, S. (2022). Effectiveness of Assertiveness Training Programme on Improving Self- Esteem Among Early Adolescents. *International Journal of Nursing Education*, 14(4), 105–107.
  45. Shouhani, F., Mihandoost, Z., & Mami, S. (2022). The effect of assertiveness and stress management training on self-regulation and resilience building among adolescent female students. *J Bas Res Med Sci*, 9(2), 43–51.
  46. Speed, B. C., Goldstein, B. L., & Goldfried, M. R. (2018). Assertiveness training: A forgotten evidence-based treatment. *Clinical Psychology: Science and Practice*, 25(1), 1–20.
  47. Stein, L. I., & Santos, A. B. (1998). *Assertive community treatment of persons with severe mental illness*. W. W. Norton.
  48. Substance Abuse and Mental Health Services Administration (SAMHSA). (2008). *Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT*. U.S. Department of Health and Human Services.
  49. Todd, S. (2012). Practicing in the Uncertain: Reworking Standardized Clients as Improv Theatre. *Social Work Education*, 31(3), 302–315.
  50. Townsend, R., & Jones, J. B. (2024). Adult, community education in acting and performance as personal development: “I can look people in the eye now!” *Australian Journal of Adult Learning*, 64(2), 208–226.
  51. Ustun, G., & Kucuk, L. (2020). The effect of assertiveness training in schizophrenic patients on functional remission and assertiveness level. *Perspectives in Psychiatric Care*, 56(2), 297–307.
  52. Van der Stouwe, T., Gubbels, J., Castenmiller, Y. L., Van der Zouwen, M., Asscher, J. J., Hoeve, M., Van der Laan, P. H., & Stams, G. M. (2021). The effectiveness of social skills training (SST) for juvenile delinquents: A meta-analytical review. *Journal of Experimental Criminology*, 17, 369–396.  
<https://doi.org/10.1007/s11292-020-09419-w>
  53. Waisanen, D. (2020). *Improv for Democracy: How to Bridge Differences and Develop the Communication and Leadership Skills Our World Needs*. SUNY Press.
  54. World Health Organization. (2008). *Policies and practices for mental health in Europe: Meeting the challenges*. WHO Regional Office for Europe.
  55. Yuhbaba, Z. N., Budiman, M. E. A., Suswati, W. S. E., & Wirasakti, G. (2022). Increasing assertive behavior in adolescents in Islamic boarding schools through assertive training. *Psychiatry Nursing Journal*, 4(1), 1–5.
  56. Zakahi, W. R. (1985). The relationship of assertiveness to communicative competence and communication satisfaction: A dyadic assessment. *Communication Research Reports*, 2(1), 80–99.
  57. Zwilling, E. A., & Osbourne, J. W. (2025). Effect of Assertive Communication Training on the Confidence of New Graduate Nurses. *The Journal of Continuing Education in Nursing*, 56(2).