

While Morris claims he is “always” working on the next album, he is also completing two plays and a new book of poetry, along with critical essays on Agee and other writers.

“I would love to set him down and be done with him, and I do periodically,” Morris says of the writer who has loomed so large in his life, “but he has so many dimensions and so much to say. He’s very much a modern man, modern writer, and so I continually have to come back to him and check out the different dimensions that he brings. I think that for anyone who is interested in American literature and American writing, in the new journalism and how it expands into the other media such as film, Agee is required reading.”

Biographical Sketch

Michael Ray Taylor has become a frequent reviewer and literary writer for Chapter16.org, the website of Humanities Tennessee, a nonprofit agency sponsoring literary events and providing free reviews to Tennessee newspapers. He is currently working on a novel.

The Need for Assertiveness Training Today

**R. Blair Olson, Ed. D., LPC, LMFT, NCC
Professor of the Department of Counselor Education**

Summary: Assertiveness training was developed by a psychotherapist over 30 years ago but there are unique needs for this approach today. An overview of assertiveness training is given with five specific areas that require assertiveness today. Case studies are given to illustrate each of the five areas that need assertiveness today.

Most writers would agree with the following:

1. Assertive Behavior is interpersonal behavior involving the honest and straightforward expression of thoughts and feelings;
2. Assertive behavior is socially appropriate;
3. When a person is behaving assertively, the feelings and welfare of others are taken into account (Rimm and Masters, 1979)

Alberti and Edmonds (2001, p. 6) in their book *Your Perfect Right*, often called the bible of assertiveness training, say “assertiveness is more than a technique in getting your way.” Here is their definition: “Assertive behavior promotes equality in human relationships, enabling us to act in our own best interests, to stand up for ourselves without undue anxiety, to express honest feelings comfortably, to exercise personal rights without denying the rights of others.” (p. 6) Their emphasis on equality is a better sell than getting one’s way.

Assertiveness Training includes any therapeutic procedure aimed at increasing the client’s ability to engage in assertive behavior. Behavioral goals include an enhanced ability to express wishes without angering as well as an increase in positive feelings of joy and love. Research

indicates that men could benefit from assertiveness training (Dosser, 1982; Goldberg, 1983). Wolpe (1973) said that men need to be more assertive when expressing affection, admiration, and praise.

The author uses the following seven steps and procedures for Assertiveness Training:

Step 1. Assess whether or not one would benefit from assertiveness training. Those who have a pattern of non-assertiveness or aggressiveness can benefit from assertiveness training. Alberti and Emmons(2001) have a useful assessment inventory in their book, *Your Perfect Right*.

Step 2. Develop a personal philosophy of assertiveness

By reading *Your Perfect Right* by Alberti and Emmons (2001), a person could develop a philosophy of assertiveness by realizing that he or she has an equal claim to dignity, respect and equality. People have a right to make a request and to judge their own actions and take responsibility for the consequences of their actions.

Step 3. The next step is to learn the definition of assertive, non-assertive and aggressive.

Nonassertive is saying too little, often being indirect, dishonest or apologetic, resulting in the violation of one's own rights. Assertive is honest, appropriate while being non-abrasive. Here there is no violation of anyone's rights. Aggressive leads to saying too much, often inappropriate or abrasive, resulting in the violation of the rights of others.

Step 4. This includes awareness of the following: The person's intent, speech, gestures, eye contact, and following the rules of assertiveness for achieving equality.

This is learned by exaggerated role-playing of the same scenario, first as non-assertive, then as aggressive, and lastly as assertive. To coach a person to do this, I use the chart below adapted from the game *Assert Now* (1980).

The Assert Now Training Game (1980) gives these rules:

1. Make requests not demands in sentences ending with a "?";
2. Express your desires, rather than condemning others;
3. Ask the other person to change behavior, not attitudes.

Aggressive behavior often has rapid speech with intimidating posture and gestures where sentences usually end with a "!" Aggressive behavior is dominating, demanding, and getting in the last word, all of which may violate the rights of the other person. Aggression evokes revenge and decreases the possibility of achieving the change in others that is desired.

Nonassertive or passive behavior, on the other hand, is indirectly done in a helpless and hesitant manner. Here the intent is to please or placate others, to not let one's annoyance be known, to avoid rejection at all costs and to put oneself in a submissive stance to the other person. People who exhibit passive behavior do not stand up for their rights and are indirect which may result in the violation of their rights.

Assertive training participants practice making the same statement three ways. First aggressively, then in a nonassertive manner, and lastly in an assertive mode. The participant receives constructive criticism by first coaching them to be more passive and aggressive. By initially using this paradoxical approach they are then aware and ready to practice role-playing the same statement a scenario in an assertive way.

Step 5. The next step adds a cognitive reorientation to the behavior practice. This step dispels common non-assertive myths such as: it is good to be self-critical; people should be able to know what we need, feel and want without our clearly stating with those needs are. Participants are taught to ask and negotiate for what they want. Making a reasonable request is one's perfect right, but others have the right to deny requests. When others are pressuring an individual to do something he or she does not want to do, he or she is taught to say no and keep repeating it, and if that does not work, to take the offence and then refuse to deal with the issue any more.

Step 6. In step six participants receive coaching feedback. It may require multiple role plays before participants feel confident to practice assertiveness in real life situations.

Step 7. The final step is an assignment to use assertiveness in a real life situation and then return and report on one's success in doing so.

Assertive behavior is needed in five areas today. These five areas are listed in no special order:

1. Requesting and receiving the health care you need and deserve;
2. Asking for an exception;
3. Incorporating advocacy as part of assertiveness;
4. Expressing intimacy, affection, and feelings of love;
5. Refusal skills to drugs and unwanted sexual advances.

1. Health Care

The first giant is health care-getting the treatment one needs and sometimes negotiating the cost.

CASE # 1

When a patient's pain is intolerable, the patient or the family advocate needs to use assertiveness to seek relief fast. According to an ICU nurse at Baptist Hospital in Little Rock, the medical philosophy today is not to let the patient experience severe pain. This delays healing and prolongs hospitalization. Armed with this information, my daughter asked for pain medicine in the middle of the first night after being put in a regular room but was denied it by

the on duty nurse because it was too soon from her last pain medication injection. She had been in a head-on car wreck and was flown to the hospital by helicopter. Intubation during surgery had caused laryngitis, and she could not wake me up so she threw "Tuffy," a beanie baby bear, that hit me in the face, waking me instantly. She whispered, "Dad I am about ready to lose it. I am at 10 on the pain scale and remember what the ICU nurse said about pain. I need relief now!" I ran to the nursing station and began yelling requesting pain medication for my daughter immediately. I was told that she could not administer pain medication unless the doctor ordered it, so I told her to call the doctor and get authorization now because my daughter was at a 10 on the pain scale and she was in great despair. I did not care that it was 3:00 a.m. So she called and the doctor said, "Sure, give her what she needs." In a calculated manner, I let my fear and anger be known to create a sense of urgency to get immediate relief for my daughter. Within a few minutes, pain medicine was given. I then discussed with this nurse what the ICU nurse had told us about not letting patients get into severe pain like she had allowed. We were told that at that hospital the nurses had to cover more patients than usual because they were short on nurses. The shortage of nurses could imply that the patients who are most assertive in getting their needs met may get better care. It comes down to the principle of "The squeaky wheel gets the grease."

CASE # 2

During my infantry service in the Vietnam War, one of the men in my platoon went to the forward fire base aid station because he could not get his swollen feet back into his boots. It was the rainy season, and he had a bad case of what soldiers call "immersion foot." The aid station gave him some ointment and told him to wear thongs and put him on a light duty profile so he could still pull guard duty on the perimeter bunkers. His feet continued to swell so that it became too painful to walk. When I found my buddy in this condition, I got some other guys and we carried him up to the aid station and I spoke as advocate, insisting that he be sent to a hospital for treatment and that a light duty profile was completely unacceptable. This type of medical care had caused a major erosion of morale amongst the soldiers. I felt powerful because I knew my cause was just; as King Arthur had reasoned in Camelot that "might does not make right, but rather right makes right." We need to convince people that they have a perfect right to have their reasonable requests granted.

CASE # 3

During my wife's recent bout with breast cancer, I always attended treatment with her and especially any doctor consultations. Cancer support group members urge patients to always take an advocate with them to medical consultations to help remember what was said and to say what needs to be said. The physical and emotional stress of cancer treatment often overwhelms people so that they are not as assertive as they usually can be. Her treatment involved seven different specialists, and we often felt that if we did not "lead the charge" and keep asking questions, the proper treatment would not have been given.

CASE # 4

One of my student's sons was recruited by a major University to play basketball. He was seven feet tall and led his high school team to a state championship. The team physician was

consulted by the coach because this player had a major weakness in his left leg that coaching and practice did not remedy. It was found that he had growth constriction in the neck area of his spine that was the culprit for the weakness in his left leg. The team physician also said that this was a dangerous condition because if he sustained injury to his neck he would be paralyzed from the neck down. The full ride athletic scholarship was rescinded, and he was dismissed from the team. The father, along with his son, was devastated. The team physician said there was no surgical solution to the problem and the boy's basketball career was over. When the father told me this sad news, my reply was, "I do not think that team physician is a specialist in this condition, and I believe that the physician has not kept up on the surgical treatment of such a condition and that somewhere someone is doing surgery to correct that condition." "The important thing is to keep asking and looking for a physician who does that type of surgery." I was so adamant about it that the father did exactly that and found a physician in the northeast who had done over 1,000 operations to correct that condition by surgery. The ball player received the operation, and the problem was fixed, but the University would not reinstate him so he played ball for two other colleges. Seeking a second opinion is vital because somewhere some physician is successfully doing what other physicians say cannot be done. Remember, 50 percent of all physicians graduate in the bottom half of their class. Robotic heart surgery is not being done in Arkansas but has been done successfully in other states. Sometimes requests for needed medical treatment must take us outside our state boundaries to find a specialist to handle our unique medical needs. A good friend had to go the Mayo Clinic to get a diagnosis on his rare lung disease that Arkansas Physicians were treating as a heart problem.

CASE # 5

The skyrocketing costs of medical care often leave patients bankrupt. Sometimes hospital charges can be negotiated. My wife was paying a hospital bill by paying only \$100.00 a month. She was pressed by the hospital bill collector to pay off the entire amount. She asked for payment in full if she paid 50 percent of the large amount in one lump sum. The bill collector accepted her offer. One has to know they have the right to ask. The bill collector can always say "no," but a person has the right to ask. When our church family was helping members of the congregation with medical costs, I learned that by asking physicians and hospitals for a 50 percent reduction in charges on the bill, the request was often granted.

CASE #6

Luke needed braces for his legs to make his legs grow straighter. His mother got him some braces that hurt his legs. So they went back for adjustments, but still the problem persisted. Luke's mother's experience as an Occupational Therapist taught her to keep seeking a solution that would work better for her son. She sought another opinion and found that Luke's braces were made incorrectly. She asked and received credit for the braces so she would be eligible to get another set of braces that would fit Luke properly. Her willingness to get a second opinion and keep making requests until satisfaction was reached demonstrates her assertiveness. She had the right to make a request and keep making the request until Luke got the braces for his legs that he needed. Her experience as an OT gave her medical experience with patient's pain and treatment, and medical personnel do not always get it right the first time. Her husband is an

attorney, a fact which gave her confidence that if she needed legal leverage to help her get satisfaction, she would have it.

2. Asking for an Exception

The second giant is asking for an exception. When an exception is made to policy, a request for the exception must be made at the administrative level that is authorized to make that exception. You have a perfect right to ask and to keep asking up the chain of command. In retail stores there is someone in customer service authorized to make refunds or exchanges. In restaurants there are assistant managers who are empowered to see to customer satisfaction. The eating establishment does not want unsatisfied customers because they will not return for repeat business, and they will tell their family and friends about their dissatisfaction, which will hurt business.

CASE # 7

Frankie ordered a bowl of stew but not only did it taste bad, it also smelled bad. He told his teammates that he was not going to eat the bad stew. A team mate encouraged him to return the stew for something else on the menu. Frankie felt uncomfortable about doing so. Therefore the teammate asked the waiter to come to the table and told him that the stew was bad and that we wanted something else. The waiter argued and said nothing was wrong with the stew to which the teammate replied, "Then you eat it! It is rancid! Let me talk to the manager." Frankie was pleased and surprised that he could send something back that he did not want. His teammate knew he had a right to refuse food that was bad and that he did not want to eat.

Over the years I have made a number of requests while in restaurants to return food that was cold, undercooked, overcooked, too spicy, with mustard when I requested none, and delivered to the table too late as others in the party were finishing. On occasion, I have written to the company and complained about a meal, usually with the results of receiving a free meal coupon. I do not abuse this privilege, but I learned long ago that I have a perfect right to have it my way. My son has been an assistant manager in a restaurant for 14 years. It is his job to make things right for customers and see to customer satisfaction. The liberal Wal-Mart return policy is one of the reasons the local home town Wal-Mart stores do so much business. People know that if they do not like what they buy they may return it to Wal-Mart.

CASE # 8

The vice president of academic affairs had asked that all members of the faculty post and keep both morning and afternoon office hours. The chair of my department passed that request on to me. After he left my office, I blew up. My anger was displaced on the chair for passing on that request and not being sensitive to my needs. I taught four evening classes and was at school in the afternoon, and now I was being asked keep office hours in the morning as well. After I cooled down, I realized that I was most angry at me for not standing up for myself and asking for an exception due to my circumstance of being at school in the evenings and afternoons. I then very carefully fashioned my response to the chair of my department. I told him that because I was at the school every evening and afternoon. It bothers me when my superiors pass along an unreasonable request without standing up for my special circumstance. I told him I

would be willing to keep morning office hours if the rest of the university faculty would keep evening office hours. But if that was not going to happen, I was refusing to keep morning office hours and if that was not acceptable I offered my resignation. The chair got the VP to make an exception for me that very day. Two thousand years ago, (Hillel, 0009) a famous scholar said, "If I am not for myself, who will be for me? But if I am only for myself, who am I? If not now, when?"

3. Incorporating Advocacy as part of Assertiveness.

The assertive person is willing to ask for the help of an advocate. Legal representation by an attorney is a good example of assertiveness by the attorney's client. Sometimes it is necessary for someone to speak for us not only in legal matters but in other ways as well. Women in a cancer survivor group recommend that cancer patients always take an advocate with them to get things said that need to be said to medical personnel and to listen and remember what medical personnel tell the patient. Chemotherapy and the emotional trauma of cancer are often quite overwhelming to the patient. A personal advocate is invaluable at these medical consultations.

The following case is an example of the use of advocacy for a single minority student. It also demonstrates the importance of making a request and repeating of the request to personnel who are authorized to make an exception. Courtland Lee, past ACA President, encourages counselors to add advocacy to our counseling skills and responsibilities. Judi Durham (2009, p. 44), an Associate professor of Counseling Education at St. Josephs College in West Harford, Conn., says, "Counseling has begun to more fully embrace the role of counselor as advocate, but heretofore, little counselor education and training has focused on having students develop advocacy skills." This remains another big challenge for Counselor Education.

CASE #9

An African-American female had returned to college to obtain a science teaching endorsement. She had graduated in Home Economics but could not find a teaching job in her area. She did find, however, that many science teaching jobs were available. She was a single mother of three, living in the projects and trying to make ends meet. She was nearing the completion of her course work and had an interview for a good job teaching biology. To get her teaching certificate, she had to send original transcripts of all course work. At the first college she attended, they would not release her transcript because she owed some student loans. But here was the catch; unless she got a transcript from that school, she could not get a teaching certificate so she could work to pay back those loans. She had tried on her own to get a transcript, but she was met with resistance. She let her frustration explode into anger. Because I worked at a University, she asked me what she could do. She thought she had been assertive by showing anger toward the secretary who would not help her. I did role playing with her to coach her to be assertive in requesting the transcripts. Wolpe's (1973) discussion on assertive behavior suggested that differences between hostile/aggressive behaviors and assertive behaviors need to be delineated. I was trying to do that, but her role play responses to any resistance were anger and aggression. She needed the transcripts right away and did not have time to work on assertiveness. It would have taken two or three weeks to get her up to speed on

assertiveness, so instead we recruited an advocate to accompany her to this college to get her transcript. I asked the student and her advocate to start with the registrar, not an office worker, and to explain the situation and ask for an exception. But at such times, one may need Academic Vice President approval or maybe even approval from the President. The Vice president of Academic affairs made an exception, and she got the transcript, which got her the teaching license which thereby allowed her to work and in turn helped her pay back her loan. I learned the following important lesson from this experience. Advocacy is needed to supplement assertiveness. Courtland Lee, past president of the American Counseling Association, encouraged counselors to add advocacy to our skills.

This case emphasizes the need for advocacy for women, minorities, and persons of low socio-economic status. Most people who live in government housing do not go around saying, "have your attorney contact my attorney." Being poor may produce feelings of being powerless.

4. Expressing intimacy, affection, and feelings of love.

The new hook-up generation has a hard time dealing with intimacy. They have been on a casual, no-commitment basis, so when and if they do get married, they lack intimacy experience. As a Marriage and Family Therapist, I find that more and more young couples not only lack encouraging skills but they lack intimacy skills. Maybe they need a modern day Cyrano de Bergerac to mentor them in the art of romantic language. It is hard enough for me to get counselors in training to be genuine and express warm, positive feelings to their clients. Now I am challenged by the hook-up generation who need a lot of mentoring and education in warm, genuine expressions of feeling. Expressiveness training has always been more difficult with men, but among the new hook-up generation it is difficult for both men and women to express affection to one another.

The process of getting young couples to express encouragement and tender feeling as a part of skill building in marriage counseling, I am finding a growing skill deficit among young couples in the expression of tender romantic feelings. The new generation can "hook-up," but they lack skill in expression of tender feelings. I have thought of starting the Cyrano de Bergerac school of romantic expression. A woman could send her husband there for expressiveness training, just as she might send her dog to obedience school. Zunker (2002) recommends expressiveness training be used to enhance men's career development.

Three sources of communication enhancement training that I have used with couples are:

1. G. Hugh Allred and Thomas T. Graff's (1979) *CHEC (Couples Handbook for Effective Communication)*;
2. Jon Carlson and Don Dinkmyeyer's (1997) *Basics of Marriage*;
3. Don Dinkmeyer and Jon Carlson's (1984) *TIME: Training in Marriage Enrichment*.

Allred and Graff teach couples to increase their encouragement and supportive statements to each other, along with the expression of feeling. Couples become aware of their

communication by learning to code all communication in ten categories, five of which are positive or level, and five of which are negative or vertical.

In Skill Four, couples learn and use phrases for giving support. A few examples are these: “Please go on. You work hard. That was respectful of you. Your efforts at.....really helped out.” In the fifth positive skill, couples learn and use phrases for disclosing emotions such as: “I feel warm toward you when you....., I feel confident in myself when....., I am afraid to express myself when....., I enjoy being with you when....”

Two of the goals in the Basics of Marriage are the following:

- encourage, including encouragement meetings
- listen empathically, express feelings accurately, and practice these skill in marriage meetings.

Chapter Two of *TIME* is on encouragement in the relationship, and Chapter Five is on communication as the basis for an effective relationship. These skills can be learned, and they lead to a positive rewarding relationship. Encouragement and marriage meetings are also part of this program.

5. Refusal Skills

Bullying, sexual abuse and offers for drugs are issues that require children to be able to stand up to these things with an assertive response. In the past thirty three years since Pat Palmer (1977) wrote *The Mouse, the Monster and Me: Assertiveness for Young People*, bullying, sexual abuse and pressure to use drugs have greatly increased. Schools are required to have anti-bullying programs. In this book children are taught to say “no” and to stand up for themselves and not be a mouse or a monster, which are Palmer’s version of nonassertive and aggressive. It incorporates practice exercises in assertiveness. Child assertiveness training programs can teach children to stand up to bullying. Each child first tries to make friends, then walks away and ignores the bully; if that does not work he or she asks the bully to stop and then, and only then, tells a teacher. Asking someone to stop bullying is practicing assertiveness rather than using anger in an aggressive manner. Each child in the classroom guidance group is asked to do role play simulations of three incidents; on the bus, the playground and in the classroom. Someone plays the role of the bully, then the children show that they can follow the assertive steps given above.

Case # 10

A seventh grade boy was being bullied by a 9th grader who would rap him on the arm causing a bump and a bruise. This had happened more than once. This 9th grader had a bunch of friends around him who would make fun of the victims of this abuse by telling them they were babies if they could not take it. The bully had been retained once, so he was three years older than most of his 7th grade victims. This victim asked me what he should do about it. First I assured him that he did not have to put up with the abuse. I told him that assault was against the law as well as the school rules. I asked him to ask the boy to stop. He was to go to the boy when he

was with his friends, to go right up to him and ask the bully to please stop hitting him because it hurt and was leaving bruises on him. We practiced this until he was confident. I used the example from the movie "Dances with Wolves" where Kevin Costner, in an act of boldness, rides into the Native-American village in broad daylight. I told him that the Native-Americans admired courage and so would this group of boys. I emphasized that he was not to make a threat, but a request. I had him role play this several times while I coached him in his assertiveness. When I played the role of the bully I said, "What are you going to do, tell your mommy or the principal?" When he made the request of this bully, that is exactly what he said. The bully's friends said, "Come on, leave him alone." They no longer liked the bully picking on this boy. They did admire his spunk and effort to handle it himself instead of tattling. He practiced this line, "Will you please stop hitting me on the arm? It hurts and leaves bruises." I had him practice saying the line in an aggressive demanding manner ending in an exclamation point. Then I had him practice delivering the line in a passive "doormat" fashion. By giving the line in all three ways, he was keenly aware of the assertive approach rather than the passive and aggressive manner. I told him that after he had tried handling it himself, he could go to the next grievance step which is a formal written complaint. This could be to the building principal, and if that produced no results, a complaint could be made at the police department. It was important for him to believe he had the right to be free from assault. He did not need to use these latter options because his bold request produced the results he wanted.

Refusal skills for sexual abuse to children is a giant problem today. The following statistics on sexual abuse to children are shocking.

- 1 in 4 girls is sexually abused before the age of 18.
- 1 in 6 boys is sexually abused before the age of 18.

(<http://www.cdc.gov/nccdphp/ace/prevalence.htm>, 2009)

A program is needed to teach children personal safety tips. The program I have used is Janeen Brady's (1983) *Safety Kids: Personal Safety Vol. I*. The coloring book and musical songs teach children valuable safety rules such as: going to public bathrooms in pairs and always using the buddy system; not being afraid to tell if someone does something you don't like; memorizing their telephone number; not letting people do things to their body they shouldn't do; looking for a grandma or a mother with children and asking her to help you; and sometimes just yelling and screaming! An elementary school counselor using the *Safety Kids* program gave the sheet music to the music teacher who taught the entire student body the *Safety Kids* songs. When the counselor did her guidance lessons on personal safety, the children would sing the safety songs. The redundancy of musical words reinforced the guidance lessons.

I believe that some women develop refusal skill in thwarting unwanted sexual advances. They may find that yelling and screaming and aggressively getting angry produces the desired results of keeping abusers away. But if they use this approach in making requests, it will not work. Aggression may keep sexual abusers away, but it does not motivate someone to grant a request for an exception. These women may think they are being assertive where in reality they are

being aggressive. It is difficult to convince them that they need to learn assertiveness skills because aggression was useful in fending off unwanted sexual advances.

References

- Alberti, R., Emmons, M., (2001) *Your Perfect Right*. Impact Publishers, Inc. Atascadero, California.
- Allred, G.H., & Traff, T.T., (1979) *CHEC Couples Handbook for Effective Communication based on Allred's Interaction Analysis (AIA)*
- Assert Now* (1980) ICAN Products, Ukiah CA.
- Brady, J. (1983) *Safety Kids: Personal Safety*, Brite Music Enterprises, Inc. Salt Lake City, Utah.
- Carlson, J., & Dinkmeyer, D. (1997) *The Basics of Marriage*. CMTI Press.
- Dinkmeyer, D., & Carlson, J. (1984) *Training in Marriage Enrichment*. (TIME) American Guidance Service, Circle Pines, Minnesota.
- Dosser, D.A., (1982) Male inexpressiveness; Behavioral interventions.
In K Solomon & NB Levy (Eds.), *Men in Transition* (pp. 343-432. New York: Plenum.
- Durham J, (2009) as quoted in "Counselor Education" edited by Jim Paterson, *Counseling Today*, American Counseling Association, Nov 2009 p. 44.
- Goldberg, H, (1983) *The new male-female relationship*. New York: Morrow.
- Hillel, (0009) *Ethics of the Fathers, 1:14*
http://www.jewishvirtuallibrary.org/jsource/Judaism/pirkei_avot.html
- Rich, A.R., & Schroeder, H.E. (1976), Research issues in assertiveness training. *Psychological Bulletin*, 83, 1981-1096.
- Rimm D. & Masters J. (1979), *Behavior Therapy: Techniques and Empirical Findings 2nd Edition*. Academic Press, New York. P 63.
- Wolpe, J. (1973) *The practice of behavior therapy*, New York. Pergamon.
- Zunker, V.G., (2002) *Career Counseling: Applied Concepts of life planning. Chapter 12, Special Issues in Career Counseling for Men*. Wadsworth Group, Brooks/Cole p 348.

WWW <http://www.cdc.gov/nccdphp/ace/prevalence.htm> 2009
ACE Study - Prevalence - Adverse Childhood Experiences

Biographical Sketch

R. Blair Olson is professor and chair of the Department of Counselor Education at Henderson State University. He is completing his 30th year at Henderson. He is a licensed professional counseling and marriage and family therapist. Before coming to Henderson he spent seven years in the public schools of Idaho Falls, Idaho. He and his wife Shirley are the parents of four children and grandparents of 12 children.