1983


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EFFECTS OF FRIENDSHIP SKILLS TRAINING IN AN INPATIENT ALCOHOLIC POPULATION

The Louisiana State University and Agricultural and Mechanical Col. PH.D. 1983

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EFFECTS OF FRIENDSHIP SKILLS TRAINING IN AN INPATIENT ALCOHOLIC POPULATION

A Dissertation

Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College in partial fulfillment of the requirements for the degree of Doctor of Philosophy

in

The Department of Psychology

by

Elaine Janis Salzer
B.A., Psychology, University of New Orleans, 1970
M.S., Psychology, University of New Orleans, 1978
May 1983
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# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title Page</td>
<td>i</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>ii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>v</td>
</tr>
<tr>
<td>List of Figures</td>
<td>vi</td>
</tr>
<tr>
<td>Abstract</td>
<td>viii</td>
</tr>
<tr>
<td>Chapter I</td>
<td>1</td>
</tr>
<tr>
<td>Chapter II, Method</td>
<td>18</td>
</tr>
<tr>
<td>Chapter III, Results</td>
<td>51</td>
</tr>
<tr>
<td>Chapter IV, Discussion</td>
<td>89</td>
</tr>
<tr>
<td>Reference Notes</td>
<td>98</td>
</tr>
<tr>
<td>References</td>
<td>99</td>
</tr>
<tr>
<td>Appendix A</td>
<td>104</td>
</tr>
<tr>
<td>Appendix B</td>
<td>107</td>
</tr>
<tr>
<td>Appendix C</td>
<td>110</td>
</tr>
<tr>
<td>Appendix D</td>
<td>122</td>
</tr>
<tr>
<td>Appendix E</td>
<td>124</td>
</tr>
<tr>
<td>Appendix F</td>
<td>128</td>
</tr>
<tr>
<td>Appendix G</td>
<td>130</td>
</tr>
<tr>
<td>Appendix H</td>
<td>131</td>
</tr>
<tr>
<td>Appendix I</td>
<td>133</td>
</tr>
<tr>
<td>Vita</td>
<td>159</td>
</tr>
</tbody>
</table>
List of Tables

Table 1. Follow-Up Report Comparing the Friendship Training Group (FTG) and Control Group (CG) ........................................... 84
## List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mean age scores showing a Groups X Treatment interaction and differences among the experimental Friendship Training subgroups</td>
<td>52</td>
</tr>
<tr>
<td>2.</td>
<td>Least Squares Means for the Friendshipmaking Checklist showing an overall difference between the experimental Friendship Training Group and Control Group</td>
<td>57</td>
</tr>
<tr>
<td>3.</td>
<td>Least Squares Means for the Interpersonal Situational Scale showing an overall difference between the experimental Friendship Training Group and Control Group, and showing differences among the experimental Friendship Training subgroups</td>
<td>59</td>
</tr>
<tr>
<td>4.</td>
<td>Least Squares Means for Greeting Behavior showing an overall difference between the experimental Friendship Training Group and Control Group, and differences among the experimental Friendship Training subgroups</td>
<td>61</td>
</tr>
<tr>
<td>5.</td>
<td>Least Squares Means for Subject Initiation of Conversation showing an overall difference between the experimental Friendship Training Group and Control Group</td>
<td>63</td>
</tr>
<tr>
<td>6.</td>
<td>Least Squares Means for Subject Talking showing an overall difference between the experimental Friendship Training Group and Control Group, and</td>
<td>61</td>
</tr>
</tbody>
</table>
differences among the experimental Friendship Training subgroups ................................ 66

7. Least Squares Means for Other Talking showing an overall difference between the experimental Friendship Training Group and Control Group, and differences among the experimental Friendship Training subgroups .............................. 68

8. Least Squares Means for Smiling Behavior showing differences among the experimental Friendship Training subgroups and among the Control subgroups .................................................. 71

9. Least Squares Means for Physical Proximity of Within 3 Feet showing an overall difference between the experimental Friendship Training Group and Control Group, and differences among the experimental Friendship Training subgroups .. 74

10. Least Squares Means for Touching Behavior showing differences among the Control subgroups ........ 76

11. Least Squares Means for Active and Solitary Behavior showing an overall difference between the experimental Friendship Training Group and Control Group, and differences among the Control subgroups ................................. 78

12. Mean Follow-Up Report scores showing an overall difference between the experimental Friendship Training Group and Control Group ................. 81
The purpose of this study was to evaluate the effects of a friendship skills training program on an inpatient alcoholic population. Male veterans, who were inpatients of the Alcohol Dependency Treatment Program at a Veterans Administration Hospital, served as research subjects. The specific aims of this study were to determine if there were any differences between the experimental and control groups on (1) self-report of friendship attitudes, self perception of friendship skills, positiveness of verbal response choices; (2) observed interpersonal behavior changes (or affects) in-hospital; and (3) self-report of interpersonal contact and drinking behavior following hospital discharge.

Forty-five male alcoholic subjects were recruited through requests for volunteer subjects. Approximately every two weeks, ten new clients were admitted into the VA alcoholic unit and continued together as a subgroup throughout the VA six-week treatment program. Three of these subgroups were utilized in the study as the control group and contained a total of twenty-one volunteer subjects. Three different subgroups were utilized as the experimental group and contained a total of twenty-four volunteer subjects. Subjects from both the control and experimental groups received the current treatment components offered by the VA Alcohol Dependency Treatment Program. Only the three experimental subgroups were additionally exposed to training in friendship skills.
Subjects were asked to complete four different self-report instruments: (a) Friendship Potential Inventory, (b) Friendship Checklist, (c) Interpersonal Situational Scale, and (d) Follow-Up Report. Subjects were also independently rated on a thirteen-item behavior checklist.

The hypotheses proposed in this study were only partially supported. The treatment intervention did not affect attitudes as measured by the Friendship Potential Inventory. Experimental groups did demonstrate greater improvement on the Friendship Checklist scores suggesting that treatment intervention was effective in increasing experimental subjects' perception of themselves as more proficient in friendship making skills. The treatment intervention was effective in altering level of positiveness in verbal response choice as determined by the Interpersonal Situational Scale. Five of the thirteen observed behaviors of the Behavior Checklist were found to differentiate between the experimental and control groups. Follow-Up Report scores showed an overall increase in social contact, but no significant change in drinking behavior.
Chapter I

Millions of Americans each year experience the adverse effects of alcohol, either directly or indirectly. The enormous costs of this disorder involve work time, family disruption, property damage, medical and legal expenses, as well as human lives. The World Health Organization (1952) offers a definition of alcoholism reflecting the complexity of this disorder: "...those excessive drinkers whose dependence on alcohol has attained such a degree that it shows in a noticeable mental disturbance or an interference with their bodily and mental health, interpersonal relations and their smooth social and economic functioning."

An aura of hopelessness once surrounded those persons diagnosed alcoholic. The development of effective therapies has been impeded by lack of consensus as to the etiology of the disorder. Previous explanations range from genetic to biochemical and from psychological to sociological, resulting in a complex and confusing situation. Since the etiology of alcoholism is unknown, a variety of treatments have been prescribed, including antabuse, insight groups, lectures and films on alcoholism, physical therapy, occupational therapy, religious instruction, vocational rehabilitation, and so on. In addition to differences of opinion concerning etiology, the concept of alcoholism as a multidimensional disorder, lacking a sole causation, has increasingly been gaining acceptance. Consequently, comprehensive treatment requires an array of therapies
dealing with more than one aspect of the alcoholic's life.

Disturbed interpersonal relations, as previously referred to in the World Health Organization's definition, constitutes one area identifying this disorder, and thus requiring therapeutic intervention. In the past, techniques of assertiveness training have proven effective in decreasing maladaptive responses within social situations. More recently, the importance of social support and friendship formation has gained recognition. Therefore, social skills which are involved in the expansion of social support systems are of interest. The present paper provides an examination and evaluation of an adjunctive therapy focused on the remediation of difficulties encountered in developing and maintaining rewarding friendships which are part of a social support group.

Definitions of Social Skills: Assertiveness and Friendship

As in the case of the etiology of alcoholism, the whole area of interpersonal relations, as defined and studied by psychologists, is complex and confusing. Interpersonal relations are often defined as social skills. But a lack of agreement exists concerning the appropriate dimensions for the study of social skills. The most prominent trend for study is assertiveness and only secondarily has friendship become an identified dimension for study.

Social skills have alternately been defined as interpersonal behaviors conducive to effective functioning within a group (Argyris, 1965); skills which contribute to
understanding, interest, and rapport between speaker and listener (Wiss, 1968); and as behaviors which elicit reinforcing rather than extinguishing responses from others (Libet & Lewinsohn, 1973). Due to a lack of agreement as to the important behaviors for smooth social functioning, many researchers define social skills as assertiveness.

Social skills and assertiveness have become synonymous as a consequence of confusion concerning their definitions. Definitions of assertiveness are often broad based and unlimited. Wolpe's (1969) definition of assertiveness essentially regarded assertiveness as synonymous with social skills. Wolpe states that appropriate assertiveness denotes "...the outward expression of practically all feelings other than anxiety....It may express friendly, affectionate and other nonanxious feeling." Wolpe further differentiates hostile assertive remarks, such as "Don't break in line ahead of me.", from commendatory responses, such as "You look lovely." Hirsh, Von Rosenberg, Phlan and Dudley (1978) define assertive behavior as "all socially acceptable expression of personal rights and feelings." Straightforward expression of love and affection are included along with emotions of anger or resentment. Although such definitions allow for interchange between the terms social skills and assertiveness, as researchers began studying assertiveness, it took on a different character from another area of social skills which can be called friendship skills. That is, assertiveness emerged as an area distinct from the
definitions which identified it as synonymous with social skills. Imprecise definitions caused much confusion since they did not fit what was actually being studied or taught. Contrary to the all encompassing definitions, in practice, what was presented as therapeutic training became more precisely limited to focus on standing up for one's rights, refusing requests, and making requests.

Lazarus (1971) concludes that most working definitions of assertiveness do not incorporate the expression of such positive emotions as affection, admiration, empathy, or appreciation. As Lazarus points out, it is the "hostile" aspect of assertiveness (as identified by Wolpe) which has gained greatest attention. Since most assertiveness training and research neglect the "commendatory" responses, the need to study the more positive aspect of social skills has become more apparent. This area can be called friendship skills.

The area of friendship suffers from the same imprecision in definition as does assertiveness. Definitions of friendship are so all encompassing that it is difficult to distinguish it from assertiveness or social skills in general. However, the definitions of friendship tend to be somewhat more limited in scope than do those of assertiveness. In the delineation of the relevant variables involved in friendship, Weiss and Lowenthal (1973) propose commonality, reciprocity, role modeling, compatibility, and proximity as the five most important dimensions. Wright
(1978) views friendship as an investment in, and commitment to, others and self. In an attempt to develop a systematic working definition of friendship, Wright proposes the following criteria: (a) spending time together in voluntary interaction with activities or discussions contingent on the other; (b) perception of the other as unique and irreplaceable in the interaction; (c) perception of the other as a provider of the support and encouragement which helps the self to maintain an image of competence and worth; (d) perception of other as a willing source of gratification of one's needs; (e) perception of the other as interesting and exciting thereby extending one's own knowledge; (f) degree of effort required in avoiding conflict and preserving clear communications; (g) strength of friendship; and (h) degree to which the value and worth of the self are advanced within the relationship.

While assertiveness and friendship are not easily differentiated by definition, they can be distinguished in practice. As in the case of assertiveness, the definitions which have been offered for friendship are much broader than the area which has been subjected to investigation or training by researchers. Training in friendship skills is characterized by attention to the initiation and maintenance of interpersonal communication or cooperation, and incorporates what Wolpe terms "commendatory" responses. Training includes elements such as increasing expression of positive feelings, information seeking, and self revealing.
It is clear that both assertiveness and friendship skills are important social skill components, but neither are synonymous with social skills, and each has evolved into distinctly different types of training programs. The present study does not attempt to solve the problems of inexactness of definitions. For the purpose of this paper, friendship skills will be defined as those verbal and nonverbal cues which allow for ease in communication and convey interest, concern, and appreciation for interpersonal interaction. Such a definition more closely reflects actual training programs in this area.

**Interpersonal Relationships in Alcoholics**

The disturbances in interpersonal relationships experienced by the alcoholic may be, in large part, due to low social skill proficiency. Social competence in this population is limited (Hersen, Eisler, & Miller, 1973). Alcoholics are characterized by immature and restricted social responses which interfere with the development and maintenance of interpersonal relationships (O'Leary, O'Leary, & Donovan, 1976). Research demonstrates an increasing progression of social deficiency from normals, to neurotics, to alcoholics. Furthermore, the most profound social deficiency is associated with the most severe, or chronic, cases of alcoholism (Levine & Zigler, 1973). It is conceivable that drinking behavior is a response to inadequately developed social proficiency.

Social skill inadequacies are present both in the area
of assertiveness (Miller, Eisler, & Hilsman, 1974) and in the area of friendship. Alcoholics exhibit greater deficiencies in the ability to maintain satisfying interpersonal relationships than do moderate drinkers or abstainers (Jones, 1968). In comparison to normals, alcoholics are inferior in attitudes and skills involved in the ability to relate to others in a positive and friendly manner. Contact with others, quality of relationships, and stability of relationships are below normals (Dawley, Winstead, & Giles, Note 1).

Deficits in social competency may expose the alcoholic to greater interpersonal stress, and, at the same time, limit his ability to cope. Sensitivity to interpersonal stress is especially acute in alcoholics and is associated with increased alcohol consumption (Allman, Taylor, & Nathan, 1972). Drinking behavior is utilized as a coping mechanism. The impaired social competency, which disturbs friendship formation, can not be solely explained away as a result of excessive drinking itself. Deficits in social skills are present in the pre-alcoholic male adolescent and occur in conjunction with the absence, or inadequacy, of social models. Without satisfactory role models, appropriate interpersonal skills may not have initially been developed within the alcoholic's repertoire (O'Leary, et al., 1976). It appears, then, that inadequate social adaptiveness precedes the development of alcoholism. Alcohol may function to reduce anxiety in interpersonal
situations requiring social skills which are unavailable to the problem drinker (Keen, 1970; Miller, et al., 1974; O'Leary, et al., 1976; Marlatt, Note 2).

Social skill deficits, which interfere with the development of rewarding relationships, may be one initial causal factor in alcohol abuse. There is also support for the contention that recovery from this disorder is influenced by the ability or inability to develop positive friendship relationships. For example, negative emotional states, such as lonelines, are associated with relapse (Chaney, O'Leary, & Marlatt, 1978). Interaction with alcoholic peers and the avoidance of loneliness can serve as a powerful social reinforcer for renewed alcohol consumption (Lazarus, 1965).

Additionally, a follow-up study of aversive conditioning therapy in alcoholics (Marlatt, Note 2) identified two general interpersonal categories which accounted for over 50% of the relapses which occurred: (a) inability to express frustration and anger, and (b) social pressure to drink, exerted by significant others. This implies that the recovering alcoholic continued to interact with others who were detrimental to his sobriety. Clinical evidence indicates that with increased interpersonal skill, greater reinforcement from the social milieu may allow symptom behaviors to extinguish (Hersen, Eisler, & Miller, 1973). If, however, the alcoholic's limited social proficiency does not allow him/her to develop new, productive friendships,
he/she may restrict the social milieu to interaction with others who are also problem drinkers. Thus, friendships would provide encouragement, rather than extinction, of drinking behavior. Enhancement of interpersonal competency can be expected to promote the development of health-related friendship support systems and can be an important factor in recovery from alcoholism.

**Therapeutic Approaches: Assertiveness and Friendship Training**

Although the importance of social skills training has long been recognized (Zigler & Phillips, 1960), attempts to apply skills training to the alcoholic population is relatively recent. Friendship skills training is an especially new area within the alcoholic population. The majority of attention has been focused on the treatment of social skill deficits via assertiveness training.

Assertiveness training is a behavioral technique employing components of modeling, behavioral rehearsal, feedback, and instruction to alter interpersonal responses. The rational for assertiveness training, as presented by Wolpe (1969), involved an attempt to relieve maladaptive anxiety which prohibits the expression of feelings in interpersonal situations. Lazarus (1971), later challenged the assumption that the correct response actually lay dormant in the non-assertive individual's repertoire. He suggested the necessity of teaching new, previously unavailable responses.
Assertiveness training has been shown to be an effective therapeutic approach within an alcoholic population (Hirsh, et al., 1978; Van Hasselt, Hersen & Millions, 1978). However, the emphasis in training has predominantly concentrated on what Wolpe terms "hostile" assertiveness (refusing unreasonable requests, expressing negative emotions). A therapeutic focus on only the more negative social interactions may not be the most complete, nor most productive, social skills intervention strategy. When others perceive an individual as bold, assertive, or outspoken, they also perceive that individual as less "nice" (Rathus, 1973). It is important for therapists to be alert to the possibility that clients may be ill prepared to cope with the negative social feedback which may accompany increasing client assertiveness. Furthermore, many individuals lack sufficient skills to express praise, love, or affection. Unfortunately, therapists and researchers have offered little interest in assessing the most effective means of teaching expression of positive feelings (Eisler, Hersen, & Miller, 1975; Hersen & Bellack, 1977; Hersen, Eisler, & Miller, 1973; Lazarus, 1971).

The expression of positive feelings is most closely linked to skills involved in friendship formations. Relatively little research is available in the area of friendship skills training. Researchers have virtually ignored the development of effective training packages. Little is known about specific populations deficient in such
skills, or those who might reap the greatest benefit from therapeutic intervention. Nevertheless, current research evidence suggests the utility of friendship skills training for children and general psychiatric populations. Socially isolated children, exposed to friendship skills training in participation, cooperation, and communication, experienced increased peer sociometric ratings and friendship nominations (Ohlde & Asher, 1977). Psychiatric patients (psychotics, neurotics, and character disorders) offered training in initiation or termination of contact, conversational silences, and self disclosure, improved in self report of interpersonal competence, in behavioral observations, and in lowered rehospitalization rates (Goldsmith & Mc Fall, 1975). More specifically in reference to alcoholism, outpatient alcoholics exhibited increased friendship potential when exposed to a friendship skills and attitudinal training program (Dawley, Winstead, & Donlon, Note 3). In light of this literature, it appears that friendship skills training is a productive therapeutic endeavor. The present study will attempt to further clarify the utility of friendship skills training in relation to an inpatient alcoholic population.

Effects of Friendship on Health

The dearth of information on friendship skills training is surprising in view of the upsurge of interest, over the last decade, in the importance of social support systems to physical and psychological health. It is not unreasonable
to assume that friendships offer an important contribution to this system. Other than the previously mentioned relationship between loneliness or peer pressure and recovery from alcoholism, the effects of social support on health have not singularly been addressed for this population. Information gleaned from other populations, however, suggests a strong relationship between social support and health which may cut across populations or diagnostic categories. Lynch (1977) has provided an extensive review of the literature demonstrating higher rates of psychiatric illness or physical illness (with particular emphasis on cardiovascular disease) among individuals with low social support. The devastating effect of unsatisfactory interpersonal relationships is impressive. Lynch notes that cardiac disorders are higher among individuals living alone. Higher premature death rates are found in cases where satisfying human contact is lacking or where only unpleasant contact is experienced. Lynch proposes that the presence of rewarding relationships may be of value in helping to maintain emotional and physical health, and in the recovery from illness process.

Friends may function as psychotherapeutic agents, offering experiences which are of benefit both to the prevention of and the recovery from emotional disturbance. The presence of a friendship network is associated with greater psychological adjustment, while a deficiency in this support system is related to self reports of greater
psychological distress (Brown, Bhrolchain, & Harris, 1975; McMiller & Ingham, 1976). Friends are perceived as a source of distress relief (Armstrong, 1969; Shapiro, Krauss, & Truax, 1969) and are seen as offering those conditions that Yalom (1970) has identified as the curative mechanisms of psychotherapy (Davidson & Packard, Note 4).

The recovering alcoholic may not have available to him those positive social interaction skills which would allow the cultivation of a non-drinking friendship support system. Thus, his/her social support system may be limited to "drinking buddies" who themselves lack attitudes, skills, and values necessary for satisfying interpersonal interaction. Consequently, the alcoholic may be deprived of a daily life opportunity to experience relationships which reduce psychological or physical distress, and which contribute to personal growth, support, or change. A return to alcohol consumption may provide an alternative means of distress relief when positive interpersonal relationships are chronically unavailable.

Conclusions

Alcohol abuse may be, at least in part, a response to inadequate social skills which interfere with the development of an adaptive, healthy social support system. The alcoholic may limit his social milieu to other heavy drinkers who are themselves lacking in social proficiency. Furthermore, the inability to initiate and maintain sobriety supportive friendships may significantly contribute to
relapse in alcoholism following treatment.

Therapeutic interventions into social skills deficits have mainly emphasized increasing proficiency in handling interpersonal conflict situations through assertiveness training. This training does not address the issue of increasing the social support which may be helpful in the maintenance of sobriety. Little concurrent attention has been given to the augmentation of positive interaction skills, although alcoholics exhibit deficiencies in relating to others in a positive manner and experience deficits in both quality and quantity of interpersonal relationships. In light of the previously reviewed literature, it is evident that alcoholics do not experience a strong friendship support system. Consequently, the alcoholic is deprived of the therapeutic advantages offered by friendships. It appears that an adjunctive therapy, designed to enhance a friendship network, may offer significant therapeutic benefits. The present study was designed to investigate a friendship skills training program aimed at increasing skills involved in the initiation and maintenance of friendships.

Male veterans, who were inpatients of the Alcohol Dependency Treatment Program at a Veterans Administration Hospital, served as research subjects. Control subjects received the standard treatment package of this unit, which included medication, Incentive Therapy, Antabuse classes, Assertiveness Therapy, Insight Oriented Group Therapy,
Alcohol Education films, Alcoholic's Anonymous meetings, Occupational Therapy, and Physical Therapy. Experimental subjects were exposed to the above treatment program but additionally received friendship skills training. Although friendship can be conceived of as progressing through different levels of emotional depth and involvement, this training concentrated on the early stages of friendship formation. That is, this training centered on the initiation of interpersonal contact and on the positiveness of the social responses which occur within the interaction. Maintenance of contact was addressed only by inference, since it is assumed that behaviors which express liking for, appreciation of, and interest in the other, not only contribute to primary contact but are also influential in maintaining continued interaction.

The particular content areas addressed within Friendship Training are as follows:
1. interest in developing long and short term positive relationships
2. self observation of self positiveness
3. positive self statements concerning interpersonal relationships
4. initiation of conversations with others
5. greeting behavior
6. relevant question asking
7. time spent with others
8. number of acquaintances
9. knowledge of and use of options for social contact
10. frequency of compliments given
11. genuineness of compliments given
12. verbal expression of acceptance of compliments received
13. smiling
14. facing the other
15. physical closeness
16. nonharmful friendly touching
17. verbal expression of liking of and appreciation for the other
18. verbal reflection of other's statements
19. facial and body responsiveness to the other
20. honesty in expression of feelings and beliefs
21. frequency of self disclosing statements
22. appropriateness of self disclosures
23. accuracy in language
24. keeping to the topic of discussion
25. use of ordinary speech loudness
26. verbal statements encouraging the other to express his feelings
27. use of neutral terms in conflict
28. expression of one's rights
29. appropriate apology
30. number of social contacts who are supportive of sobriety

Not all of the preceding content areas were measured or
assessed in this study. They are listed here to provide greater clarification of the various components included in the Friendship Training treatment package.

The effectiveness of Friendship Training was evaluated through a comparison of the control and experimental groups. This comparison was achieved through an analysis of between group differences in attitudes thought to reflect potential for friendship formation, in self perception of proficiency in friendship making skills, in positiveness of content of verbal response choices, in observed behavior, and in self report of interpersonal contact and drinking behavior following hospital discharge. More specifically, the aims of the study were:

1. to determine if, in fact, Friendship Training could increase positive interaction skills in an inpatient alcoholic population,

2. to determine whether treatment groups would perform differently on attitudes, self perception, verbal response choices, and observed behavior in a hospital setting,

3. to determine whether treatment groups would perform differently on self report of interpersonal contact and drinking behavior in their natural setting.
Subjects

Forty-five adult male alcoholics, who were participating in the inpatient alcoholic treatment program at the Veterans Administration Hospital in New Orleans, were recruited through requests for volunteer subjects. Only veterans are eligible for admission into the VA program. Admittance into the alcoholic unit required a commitment, on the part of the client, to complete a six-week treatment plan which includes residence in the hospital ward for the duration. Additionally, clients may have to wait for several months before an availability in facilities occurs. Thus, these men can be considered as more than minimally motivated toward overcoming problem drinking.

Admittance into the VA is according to a first-come-first-served waiting list and the entrance of any ten men can be considered essentially random. Approximately every two weeks, ten new clients are admitted into the alcoholic unit and continue together as a subgroup throughout the six-week treatment program. This means that the ten men constituting any one subgroup will progress through the program together and will attend therapy sessions together, while the men in any of the other subgroups attend different therapy sessions in another part of the ward at the same time. The subgroups are free to interact with one another at night, but have limited time...
for interaction during the day. Six of these subgroups were utilized in the study to obtain a total of twenty-one volunteer subjects in the control group and twenty-four volunteer subjects in the experimental group. Three subgroups of clients comprised the control group (CG). The twenty-one volunteers from these control subgroups, and the remaining men who did not volunteer for the study, received the current treatment components offered by the VA. This included medication, Insight Oriented Group Therapy, Incentive Therapy, Antabuse classes, Alcohol education, AA meetings, Occupational Therapy, Physical Therapy, and Assertiveness Therapy. This group experienced no change in standard VA treatment procedure.

The Friendship Treatment Group (FTG) consisted of a total of twenty-four subjects recruited from three subgroups of ten clients entering the alcoholic unit. Each of these subgroups were individually exposed to training in friendship skills as an additional element in their treatment program. This group constituted the experimental group. The remaining six men from these three subgroups who did not choose to participate in this research were, nevertheless, allowed to attend training sessions.

**Instruments**

Those men who agreed to participate in the study were asked to complete four different self report instruments: (a) the Friendship Potential Inventory (FPI), (b) a Friendshipmaking Checklist (FC), (c) the Interpersonal
Situational Scale (ISS), and (d) a Follow-Up Report. As a more direct behavioral assessment, subjects were observed and rated on a Behavior Checklist.

**Friendship Potential Inventory (FPI).** The FPI (Dawley, 1980) is a 28-item objective instrument which is designed to measure attitudes and values which affect the ability to relate to others in a positive and friendly manner. It has been included in this study as a means of assessing factors thought to influence both the early stages of initiation of contact with others, as well as factors thought to influence maintenance of continued positive contact. Items are heavily weighted toward the more "positive" aspect of assertiveness. Included are items such as, "When I like someone, I try to let them know it." For further description of the items see Appendix A.

Scoring is based on a -2 to +2 rating with -2 indicating "completely disagree" and +2 corresponding to "completely agree". Total possible score range is from +56 to -56.

External validity data is available on an earlier 30-item version of the inventory, from which the 28 item instrument has been refined. The 30-item FPI has demonstrated an ability to significantly differentiate between normal (college students and VA employees) and patient population. A significant correlation was also reported between the 30-item FPI and self report measures of frequency of contact and quality of interpersonal relationships. Construct validity is reported in terms of a
significant negative correlation with the UCLA Loneliness Scale (Dawley, Winstead, & Giles, Note 1). Lastly, the FPI has demonstrated sensitivity to change in scores after social skills training. A significant difference was found in FPI post-treatment scores when alcoholic clients, exposed to a social skills and attitudinal training program, were compared to waiting list controls. Nonsignificant pre-treatment between group differences were reported (Dawley, Winstead, & Donlon, Note 3). More extensive normative data on the FPI is currently being collected and analyzed by Dr. Dawley at the VA Hospital in New Orleans.

This measure was used as a pre and post-test for all subjects.

**Friendshipmaking Checklist (FC).** The FC (Dawley, 1980) consists of 51 statements pertaining to attitudes and social skills thought to be related to initiation and maintenance of positive relationships. This instrument attempts to assess the individual's self perception of level of mastery of such skills. Items include: "ability to say you're sorry", "extemporaneous talking", and "small talk". For further information on item content, see Appendix B. Scoring is based on a 1 to 3 point scale. The respondent rates each item as "needs work", "uncertain", or "good". Total possible score range is from 51 to 153. This measure was developed as an aid to the individual in his delineation of those skills in which he is most deficient, and thus to serve as a treatment guide. No reliability or validity data
are currently available. This instrument is included in this study because it is thought to assess factors related to both initiation and maintenance of positive contact with others based on face validity. This measure was used as a pre-and post-test for all subjects.

Interpersonal Situational Scale (ISS). In order to determine subject preference for level of positiveness in verbal content of response, a series of 10 written fictitious interpersonal stimulus situations were developed. For each situation, the specific environmental setting is described and each setting includes a written stimulus expression from an individual within that setting. The task of the subject was to choose which one of the five written response alternatives, which are provided for each setting, he would be most likely to use if he were in an identical real life situation. A sixth option, which allowed the subject to write in his own response, was provided in the event that the subject felt none of the five response alternatives were applicable to him. Any response generated by the subject himself was judged according to the same criteria used for rating those supplied response choices. Each of the five alternative response statements provided were ranked on level of positiveness as follows: (a) non-positive or irrelevant response, (b) low positiveness (defined as an implied positive statement), (c) moderate positiveness (defined as a qualified or apologetic positive statement), (d) good positiveness (defined as a direct
positive statement), (e) high positiveness (defined as an elaborated direct positive statement). For each scene, the alternative responses were rated on a 0 to 4 point scale. Total possible score range is from 0 to 40. This scale offered a means of ranking level of friendliness or positiveness in verbal content and is intended as a global measure. Those areas which were assessed are verbal responses thought to be involved both in adequate initiation of contact with others and in the extent to which the subject is rewarding to others. This latter point implies that this instrument is also tapping skills involved in maintenance of contact in addition to initiation of contact. The content areas which were included in this scale and the specific criteria which differentiate a 0 to 4 point score are listed in Appendix C. For a more detailed description of the test instructions, stimulus scenes, and response alternatives, see Appendix C.

This measure was used as a pre-and post-test for all subjects. It was included as a means of assessing the effects of Friendship Training on choice of positiveness level in response content. The ISS was expected to provide information on the extent to which the subject learned the difference between more and less positive responses, and the extent to which he preferred a more positive verbal response. It does not offer direct evidence of level of behavioral positiveness in a real life setting. Since this particular instrument has just been developed specifically
for this investigation, there is no supportive psychometric data currently available. There is support, however, for the effectiveness of this distinctive type of measure.

This type of assessment procedure has been successfully used in the past to evaluate the effectiveness of training programs and impact on real life behavior. By assessing subjects' ability to recognize a good response, Carkhuff (1969) found that such ability could be changed by training and was associated with changes in actual behavior. Carkhuff has concluded that this assessment procedure: (a) provides a good predictor of final level of counselor functioning following communication skill training, and (b) discriminates between trained and untrained counselors. Further support for the utility of instruments employing written stimulus expressions and written responses has been provided by Greenberg (Note 5). He has concluded that this assessment method was a valid index of counselor behavior in an actual helping role.

This particular assessment device provides a means of getting at verbal content which might otherwise be neglected by solely behavioral measures. Further, based on data offered by Carkhuff, there was reason to believe that the scale would discriminate between trained and untrained subjects, and reason to believe that ranked level of positiveness would be associated with positiveness of verbal behavior in real life settings.

Behavior Checklist (BC). The Behavior Checklist was
used as a pre- and post-test for all subjects. It was developed to assess the occurrence of specific behaviors which were expected to be influenced by Friendship Training (see Appendix D). Past research has demonstrated the effectiveness and applicability of this type of measurement technique in evaluating the results of a social skills training program (Strain, Cooke, & Apolloni, 1976; Twentyman & McFall, 1975). The observational method seems particularly appropriate for intervention assessment designs which require repeated measures.

Traditional self report instruments have not predicted well what behaviors a subject will emit in a particular social situation. The observational method of assessment in naturalistic life settings offers a more accurate means of measuring a subject's actual interpersonal responses (Eisler, 1976). Observations provide information not on what the subject says he does, or believes he does, but on what he actually does do. The subject does not have to pretend "as if" he were in a specific situation but rather is free to overtly respond to his present setting. Although this offers a face validity to observational data, the long range predictive validity of such data has not been sufficiently demonstrated (Gresham, 1981).

Observations in real life settings offer the distinct advantage of providing information on both the target subject and the individual with whom he is interacting. Observation of real life interaction is particularly germane
when a social skills intervention might be expected to influence the behavior of others who are interacting with the target subject, as well as influencing the behavior of the target himself (Eisler, 1976). Such information may be particularly relevant to clinical populations. Based on observations of the family at home (Lewinsohn & Shaffer, 1971) and observations during group therapy (Libet & Lewinsohn, 1973), it has been concluded that a significant relationship exists between clinical depression and interpersonal skill deficits. In these studies, behaviors of both subject and 'other' were observed to be related.

There are two main approaches to behavioral assessment—objective and subjective measures. Eisler (1976) has pointed out that this is not a true dichotomy, but rather is best considered as a continuum which differs in the degree to which behaviors are precisely specified. In the objective measures, behaviors are more specifically defined and offer the least ambiguity to the observer. Assessment is typically based on a frequency count of occurrence of a behavior within a certain time interval. The validity of the measure depends on the behaviors being observed and their relevance to the skill being assessed (Eisler, 1976; Sackett, 1977). Within new areas of investigation, it is often reasoning and inference which must be relied upon in deciding such relevance. Once behavioral observation categories have been developed, Eisler has suggested two methods through which statistical validity information is
derived: (a) correlational analysis with other assessment devices, and (b) discrimination between groups of subjects who do or do not have that particular skill.

The subjective approach to behavioral assessment is applicable to global aspects of social behaviors which are difficult to precisely define with specific, small units of behavior. Assessment is accomplished through observer impressions, or judgements, as to what degree a behavior was or was not present. In comparison to the objective method, a higher level of ambiguity is tolerated, resulting in lowered interrater reliability. According to Eisler, this measure appears to have greater social validity than a molecular assessment since raters are able to respond to subtle cues which can not be specified. In the final analysis, it is often clinical intuition upon which the validity of the global measure rests.

With either the subjective or objective approach, the actual observation of the subject should be performed as unobtrusively as possible to minimize rater influence on subject behavior. Sackett (1977) has concluded that it is impossible to accurately determine the exact extent of such subject reactivity. The availability of a one way mirror through which to observe is a partial solution, yet subject awareness of being observed may still alter behavior. However, Eisler (1976) concludes, that even with a therapist present as both an observer and a role play participant, the observational assessment procedure is more advantageous than
a traditional therapist's assessment based on discussion of problems.

The Behavior Checklist and procedures for use were developed taking into account the issues discussed above, as well as other relevant considerations. This instrument can be considered as represented within the objective method of behavioral category formation. The types of responses which were recorded were restricted to those overt actions which could be defined with a reasonable degree of exactness and could be observed with minimum rater judgement. Thus, interrater reliability was expected to be high. Although the rater was not free to respond to a host of subtle cues which may be of significant value, the impact of Friendship Training can be more clearly described in behavioral terms. For example, increased smiling, or friendly touching, might better specify a behavioral change than would a global category of subject 'rewardingness'.

According to Eisler (1976), it is unlikely that any behavioral measure of social skills will be applicable to all populations or all social settings. Lacking one universal instrument, researchers are forced to develop specific observational checklists for specific purposes. The BC was constructed to appraise short term interpersonal contact and positiveness during unstructured activity. Both interpersonal contact and subject positiveness were expected to reflect friendship ability. The validity of this instrument is based on its derivation from training goals.
The relationship of the specific behaviors to be observed with the particular objectives of the five sessions, is more distinctly delineated in Appendix I, which describes each treatment session. The behaviors observed included both those of the subject and those of others with whom he interacted. Since the effects of Friendship Training were expected to modify the subjects' attractiveness to others, the approach behavior of others was expected to be influenced. Finally, the validity of the BC was statistically indexed by correlation with other measures.

Thirteen scoring categories, obtained from the objectives of Friendship Training were used. Eisler has recommended the use of as limited a checklist as possible. Because social behavior is extremely complex and many behaviors occur within a short time period, he has advocated observing and recording only a few specific target behaviors. The smaller number of code categories and behaviors should serve to increase observer accuracy and interobserver agreement (Kazdin, 1977). The scoring system for this checklist allowed for two or more behaviors to be scored within the same time interval. This should not present any further difficulty since the total number of different categories is small (Sackett, 1977). The occurrence of a behavior was simply recorded with a checkmark. The specific behaviors assessed were as follows:

1. Subject greets other (brief verbal statement, such as "Hello" or "What's happening?", not followed by further
2. Subject initiates conversation with (begins talking to) other
3. Other initiates conversation with (begins talking to) subject
4. Subject continues talking
5. Other continues talking
6. Subject engages in game with other (pool, cards) without verbal responding
7. Subject faces other (subject's face is positioned such that his nose is approximately in a direct line with the other's face)
8. Subject is smiling (defined as approximately a 45 degree crease in subject's cheeks)
9. Subject is within approximately 3 feet of other
10. Subject engages in friendly touching (nonharmful pat on shoulder or arm, handshake)
11. Subject engages in louder than ordinary voice volume (yelling)
12. Subject is physically active and is not interacting with other
13. Subject is physically inactive and is not interacting with others.

The Behavior Checklist used a time interval sampling format. Each observed behavior was scored once, and only once, within an interval. The observer scored eight successive 15 second intervals for each observational
period. There was a total of 10 observational periods. Any observational category had the possibility of being scored a total maximum of 80 times. A minimum of 20 minutes was required between each of the 10 observational periods per subject, with a maximum of two days for total data collection.

According to Sackett (1977), the time sampling method offers the advantages of lower demands on observer concentration and energy, as well as reduced time and effort needed to train the observer. Errors of commission (failing to note the occurrence of a behavior) are lessened since the behavior would still be scored if it occurred again in that interval and was noted by the observer. Therefore, interrater reliability is increased. Ordinarily, the time sampling method suffers the disadvantage of a loss of information on frequency and duration since a behavior is scored only once during an interval. But with very short time intervals of 15 seconds, little information on frequency is lost. Similarly, in regard to duration information, with such short time intervals which are scored in succession, a succession of scores suggests that the behavior has continued. A final disadvantage remains. It is difficult to determine whether successive scores are a result of frequency or of duration in some cases (Sackett, 1977).

Although observer effect on subject behavior could not be controlled, every effort was made to sample the subject's
natural behavior in as unobtrusive a manner as possible. Subjects were observed in the Dayroom, where unstructured social interaction was most free to occur. Observations took place after normal working hours when subjects were on their "off" hours. The observer was a staff member who was familiar to the subjects and who ordinarily spent time sitting in the Dayroom in the late afternoons. The observer was instructed to station himself between 10 to 20 feet from the target subject in order to be able to clearly see subject responses and yet not interfere with the subject's potential social interaction. In order to facilitate ease of scoring, the observer was provided with a pocket tape recorder and earphone which auditorily signaled 15 second intervals. This signal was heard by the observer, but could not be heard by the subject. The observer positioned the Behavior Checklist inside of a standard chart folder which is used on the ward, in order to decrease subject curiosity or suspicion which might influence results.

The order in which subjects in each subgroup were observed was predetermined by the investigator in a random manner. The observer was instructed to follow this sequence of subject observations but was allowed to skip a particular subject, and observe the next on the list, if that subject was not present in the Dayroom. Subjects who were skipped were considered next in line for observation upon entering the Dayroom.

A serious limitation on the BC is that content of verbal
interaction is neglected and could not be incorporated into the observational procedure used here. Since the observer was not stationed within accurate hearing range, content was lost at the expense of observing others in a way which was least disruptive to the subject's ongoing life activities.

The observer was trained by the investigator. Training involved both observer and investigator rating behaviors on the checklist for 10 patients who were not participants in the investigation.

Since this behavioral measure is not standardized in the sense of traditional psychometric assessment, reliability was not evaluated on the instrument itself but was evaluated through correlational assessment of interrater reliability. Interrater reliability was measured by session agreement between primary observer and a sample of secondary ratings made by the investigator. Research indicates that observer awareness of reliability checks influences the observations (Kazdin, 1977). Because of the physical setting in which the observations occurred, the primary observer was aware of the times in which secondary ratings were obtained and this source of bias was uncontrolled. A second potential source of bias, observer expectancy regarding subject behavior, was controlled. The observer was uninformed as to the subject's treatment group, the objectives of the study, or the hypotheses to be tested. Actually, Kazdin has concluded that observer expectancy alone is insufficiently powerful to influence observations. Expectancy, coupled with
investigator feedback, or approval, for particular observations is a relevant source of bias. This was controlled by the investigator studiously avoiding any comment to the observer about any subject behavior changes.

As was previously mentioned, this checklist attempts to assess specific behaviors which are incorporated into the Friendship Training sessions. These observations do not assess the subject's ability to maintain long term satisfying interpersonal contact. However, an initial contact with the other must be established in order for a relationship to have the opportunity to develop. It is such initiation of contact which is measured in these observations. Furthermore, behaviors which are indicative of subject interest and attention (categories 7 through 11) were thought to be influential both in aspects of establishing early contact and in the probability that longer term contact will be maintained.

This behavioral instrument provides the most robust measure available for the purpose of observing interpersonal contact behaviors thought to be related to friendship ability. For the reader's convenience the advantages and disadvantages of the BC, and procedures for use, are summarized below.

ADVANTAGES

1. Assessment method successfully used in the past for social skills training evaluation.
2. Is objective measure. Behavioral elements are clearly identified. Ambiguity is reduced and interrater reliability is increased.

3. Validity: (a) behaviors derived from session goals (b) correlations with other measures to be obtained

4. Observations of both subject and other.

5. Limited scoring categories increases interobserver agreement.

6. Observer relatively unobtrusive.

7. Rater expectancy and feedback controlled.

8. Scoring occurrence of behavior within an interval increases interrater reliability.

9. Random interrater error statistically analyzed.

Follow-Up Report (FUR). Three months following discharge, an attempt was made to contact all subjects who participated in the study. Prior to discharge, subjects were reminded of the importance of collecting further information and encouraged to help in obtaining such data. In order to protect subject privacy and confidentiality, subjects were allowed to indicate their preference for manner of contact from the following options: (a) by mail, (b) by telephone, or (c) subject himself will contact investigator.

A follow-up measure was included in this study in order to gather information concerning the extent to which Friendship Training affects self report of behavior in the subject's natural, non-hospital, environment. The questions asked were designed to assess (a) sobriety and lack of support for sobriety, (b) value placed by subject on the hospital program, and (c) social support which may be beneficial toward maintaining sobriety, which includes items such as number of new acquaintances, frequency of social contact, and sources of social contact. The specific questions asked are described in Appendix E.

When contacted, subjects were given the following reassurance and instructions: "Your answers to the questions asked are strictly confidential. These question sheets will be coded by a number and your name will be removed, so that you will not be identified by anyone. Please answer these questions as honestly as possible."
These instructions were given verbally if the subject was contacted by phone or in person, and were attached to the question sheet for those subjects who were contacted by mail. Those contacted by mail were also provided with a stamped and pre-addressed envelope in which to return the information, as a means of encouraging reply.

This Follow-Up Report was not a pre-and post-measure. Data from this instrument was collected from subjects in all groups, but was obtained only once, and this was after hospital discharge.

Procedure

Approximately ten days after admittance into the hospital, each subgroup of ten patients were informed that they were to meet with the investigator. At this time they were advised of the proposed research and their support requested. Patients were approached as a group, rather than individually, and were encouraged to participate as a group. Both the control and experimental subjects received the same introduction to the research project which included the following points:

1. The research is designed to investigate the utility of a new social skills training treatment.
2. Patient cooperation is essential in the evaluation of new programs.
3. Confidentiality of all information gathered will be protected.
4. Participation is voluntary.
5. Questions concerning the research will be answered to the best of the investigator's ability.

The purpose and content of the informed consent slips (Appendix F) were explained. These slips were then collected from those choosing to participate in the study. Subjects who chose to participate were instructed to read the first four chapters of the book *Friendship: How to Make & Keep Friends* (Dawley, 1980). They were instructed to complete reading these chapters prior to the first treatment session. When subjects were later asked if they had read the assigned chapters, they reported doing so. Other than self report, no further verification of accomplishment of this assignment was obtained.

The FPI, FC, and ISS were distributed on two different occasions, to all subjects in all groups. First administration occurred immediately following recruitment into the study. Subjects were told that the type of questions asked on these scales pertain to their behavior toward others or the way in which others behave toward them. They were asked to complete the questionnaires as honestly as possible. At this time also, the Personal Data Sheet (Appendix G) was completed in order to collect data on age, race, marital status, education, employment status, and duration of drinking problem. The second administration of the FPI, FC and ISS occurred in the fifth week of each subject's treatment program. By the fifth week, the experimental subjects had completed Friendship Training.
Behavioral observations via the Behavior Checklist, were obtained for all subjects in the second and fifth week of that subject's treatment program. The Behavior Checklist was rated during a two day period on each of these occasions. The observer was uninformed as to the subject's status as an experimental or control subject. The observer was a VA staff member whom the subjects were accustomed to seeing in the Dayroom where the observations were made. It is not possible to assume that the subjects were totally unaware of the fact that observational measures were being collected. However, subjects did not know what behaviors were being observed, nor were they able to determine which individual was being observed at which time. Over the five month time period in which behavioral observations were being collected, the investigator sporadically made twenty secondary Behavior Checklist ratings which were used in the computation of interrater agreement.

Those subjects comprising the control group, with the exception of completing this study's assessment measures, received the standard VA treatment package. All pre-test measures were obtained in the subject's second week. Post-test measures were obtained in the subject's fifth week. Follow-up data was collected three months after discharge.

Those subjects comprising the Friendship Treatment Group were exposed to all treatment elements of the VA program, but additionally received the experimental Friendship Training in the third week of the subject's six week...
The social skills training of the control group was limited to Assertiveness Therapy (Appendix H) which focuses on negative interpersonal situations in which conflict occurs. Standing up for one's rights while respecting the rights of others was the primary objective of this training. As Rathus (1973) has noted, subject "niceness" is inversely related to other's perception of a subject as bold, assertive, or outspoken. His results offer a caution to social skills therapists and a rational for a social skills program designed to increase subject "niceness" or "rewardingness" in positive interpersonal contacts. In response to this, and in response to the low social support which alcoholics experience, the Friendship Training was
developed. The experimental group experienced a broader social skills training program which included Assertiveness training but also included training in skills involved in initiation of positive contact with others and maintenance of contact through increased subject positiveness. Goals, procedure, methods, and examples of Friendship Training are more fully explained in Appendix I. Briefly, the major objectives of the Friendship Training sessions can be stated as follows:

Session I  - Awareness of friendship ability as an important skill which can be learned.
Session II - Develop positive covert self statements and increase initiation of interpersonal contact.
Session III - Increase options for social contact and increase subject's rewardingness to others.
Session IV - Increase active listening and self disclosure.
Session V  - Increase clarity in communication and increase ability to handle conflict positively.

As can be seen, Friendship Training focuses on positive interpersonal situations. Because conflict is an inevitable part of life, Friendship Training seeks to increase the positiveness present in such situations through verbal behaviors which signal to the other that the subject understands the other's position and is concerned about the other's feelings. The general theme and goal of these sessions were to increase frequency and duration of positive interpersonal contacts. The techniques used in this
training were instruction, modeling, practice, role play and feedback.

More specifically, it was expected that Friendship Training would achieve the following objectives:
1. an increase in attitudes and values related to friendship formation
2. an increase in self perception of competence in friendship making skills
3. an increase in verbal interaction and positiveness of verbal content
4. an increase in positiveness of non-verbal behaviors
5. an increase in social interaction following hospital discharge
6. lower rates of short term relapse into alcohol consumption.

Appendix I provides a more detailed description of the target behaviors which were assessed, the specific test instruments used, and test items relevant to assessment of these behaviors.

As a result of Friendship Training, attitudes, content of verbalizations, and behaviors were expected to be altered such that the measurement instruments used here would differentiate trained from untrained subjects. While this experimental therapy seeks to modify the content of subject verbalizations, it must be clearly stated that the actual content of the subject's speech in normal every day interactions was not measured in this study. Furthermore,
although Friendship Training includes an attempt to increase the quality of longer term interpersonal relationships, this too was not measured. Content of verbalizations and quality of relationships are thought to be interrelated. For example, when conversation includes compliments given and received freely, feelings are expressed honestly, and self disclosure occurs, that relationship has greater opportunity to develop and deepen. Then, as a relationship improves in quality, such verbalizations may become more elaborated. It was not within the realm of this study to adequately fully assess either verbal content or quality of long term relationships. Instead, this investigation attempted to deal with speech content and quality of relationships only through inferences based on responses to the FPI, FC, and ISS.

In order to behaviorally evaluate the impact of Friendship Training, it was the initial stages of interpersonal contact that were assessed. It was expected that differences between the experimental and control groups would be reflected in non-session behavior and could be assessed via the Behavior Checklist.

Finally, it was expected that Friendship Training would enhance the subject's potential for establishing abstinence supportive relationships in his home environment. The last step in data collection was obtaining subject responses to the Follow-Up Report, three months following discharge from the unit. Subjects were contacted in the manner of their
choice. Preceding discharge, subjects were reminded, on several occasions, of the necessity of collecting additional data and were encouraged to notify the investigator of any change in residence or telephone number that would render them inaccessible for contact should they choose either of these methods. Those who chose to contact the investigator were told that the investigator could be contacted through the VA Psychology Service. Subjects contacted by mail were provided with a stamped, pre-addressed envelope, at that time, with which to return the Follow-Up Report. Subjects were reassured of the confidentiality of their responses prior to actual collection of data.

Data Analysis

It was hypothesized that subjects composing the FTG and CG groups did not initially differ on factors which might affect performance on the assessment instruments used here, but rather that differences in performance between groups might be better explained as the result of therapy methods used. The experimental Friendship Training addresses positive interaction skills and was expected to result in attitudinal and behavioral changes which were not expected to occur in the control group.

The effects of this treatment were predicted to be reflected in the subject's attitude towards interacting with others in a positive manner, as measured by the Friendship Potential Inventory (FPI); in his self perception of level of mastery of friendship skills, as measured by the
Friendshipmaking Checklist (FC); in choice of positiveness in verbal content as partially measured by the Interpersonal Situational Scale (ISS); in observation of his overt behavior as measured by the Behavior Checklist (BC); and in abstinence and daily life social interaction, as measured by the Follow-Up Report (FUR).

Data were statistically analyzed by a one way analysis of variance (ANOVA), simple analysis of covariance using pre-test as the covariate, Duncan's Multiple-Range Test, chi-square test, frequency distribution, and correlational matrices. These initial analyses revealed variability within the experimental and control subgroups in target behavior performance and age. This variability required further analysis as follows: analysis of covariance using dual covariates of pre-test scores and age, analysis of covariance of the three subgroups collapsed within the experimentals and within the controls using dual covariates of pre-test and age, and Fisher's Protected Least Significant Difference Test. Specific hypotheses and statistical computation were as follows:

1. Subjects in the CG and FTG do not significantly differ on age, race, marital status, education, employment status, or duration of drinking problem. Marital status was analyzed by a chi-square test and frequency distribution analysis. All other preceding variables were analyzed by a separate ANOVA for each variable.

2. In comparison with the CG, effective Friendship Training
would be associated with greater increases in attitudes and values which are instrumental to friendship formation, as measured by the FPI. This data was analyzed by the between group main effect component of analysis of covariance (pre-test covariate) and Duncan's Multiple-Range Test. An analysis of covariance was used to correct for group differences in level of FPI pre-test scores. Data were additionally analyzed by the between group main effect component of analysis of covariance (pre-test and age covariates) and by Fisher's Protected Least Significant Difference Test. This analysis was used to correct for subgroup differences in both level of pre-test scores and age. Data were further analyzed by the between treatment groups component of analysis of covariance (pre-test and age covariates) with subgroups collapsed within the experimentals and within the controls. This analysis was used to correct for subgroup variability that might have suppressed main effects.

3. Subjects who completed effective Friendship Training would perceive themselves as more competent in positive social interaction skills than subjects who did not receive this treatment, as measured by the FC. These data were analyzed by the between group main effect component of analysis of covariance (pre-test covariate) and Duncan's Multiple-Range Test. An analysis of covariance was used to correct for group differences in level of FC pre-test scores. Data were additionally analyzed by the between
group main effect component of analysis of covariance (pre-test and age covariates) and by Fisher's Protected Least Significant Difference Test. This analysis was used to correct for subgroup differences in both level of pre-test scores and age. Data were further analyzed by the between treatment groups component of analysis of covariance (pre-test and age covariates) with subgroups collapsed within the experimentals and within the controls. This analysis was used to correct for subgroup variability that might have suppressed main effects.

4. In comparison with the CG, subjects who completed effective Friendship Training would exhibit increased verbal interaction and higher levels of positiveness and friendliness in their overt nonverbal behavior, as measured by observer ratings of the BC. These data were analyzed by the between group main effect component of analysis of covariance (pre-test covariate) and Duncan's Multiple-Range Test. An analysis of covariance was used to correct for group differences in level of BC pre-test scores. Each behavioral category was analyzed separately. Data were additionally analyzed by the between group main effect component of analysis of covariance (pre-test and age covariates) and by Fisher's Protected Least Significant Difference Test. This analysis was used to correct for subgroup differences in both level of pre-test scores and age. Data were further analyzed by the between treatment groups component of analysis of covariance (pre-test and age
with subgroups collapsed within the experimentals and within the controls. This analysis was used to correct for subgroup variability that might have suppressed main effects.

5. Rater and interrater observations for the BC were expected to be similar. These data were analyzed through Spearman Correlations. Each behavioral category was analyzed separately.

6. Subjects who completed effective Friendship Training were expected to demonstrate a greater increase in level of positiveness of verbal response choice, as measured by the ISS, than those not exposed to this training. These data were analyzed by the between group main effect component of analysis of covariance (pre-test covariate) and by Duncan's Multiple-Range Test. An analysis of covariance was used to correct for group differences in level of ISS pre-test scores. Data were additionally analyzed by the between group main effect component of analysis of covariance (pre-test and age covariates) and by Fisher's Protected Least Significant Difference Test. This analysis was used to correct for subgroup differences in both level of pre-test scores and age. Data were further analyzed by the between treatment groups component of analysis of covariance (pre-test and age covariates) with subgroups collapsed within the experimentals and within the controls. This analysis was used to correct for subgroup variability that might have suppressed main effects.
7. The utility of Friendship Training would be reflected in data collected after hospital discharge (FUR). It was hypothesized that skills learned in treatment would generalize to non-therapy settings. Subjects who completed effective Friendship Training were expected to experience a higher frequency of non-alcohol related social interaction in daily life and lower rates of short term relapse, than subjects who did not receive this training, as measured by the FUR. These data were analyzed by the between group main effect component of ANOVA and Duncan's Multiple-Range Test. Additionally, each of the items on this instrument were assessed separately by a frequency distribution analysis. Since the FUR was not administered in a pre-test, data were further analyzed by the between group main effect component of analysis of covariance with only age serving as a covariate and by Fisher's Protected Least Significant Difference Test. This analysis was used in order to correct for age differences among subgroups. Lastly, these data were analyzed by the between treatment groups component of analysis of covariance (age covariate) with subgroups collapsed within the experimentals and within the controls. This analysis was used to correct for subgroup variability that might have suppressed main effects.

8. Finally, it was hypothesized that positive correlation would be found among these instruments purporting to measure various facets of friendliness. Attitudes and values (FPI), self perception of positive social interaction skills (FC),
verbal content choice (ISS), overt behavior (BC), and self report of behavior after discharge (FUR) were expected to correlate positively. Analysis by Spearman Correlations was used to investigate this hypothesis.
Chapter III

Results

Twenty-four experimental and twenty-one control subjects were compared on a number of demographic variables in order to establish the equivalence of the two samples. Separate one way ANOVA's for race, educational achievement, employment status, and duration of drinking problem, failed to disclose any reliable main effects differences between or within these groups. Subjects experienced drinking problems for an average of 17.85 years. The average educational level fell roughly around high school completion (mean years = 12.07).

Although analysis of variance of age differences yielded a between groups main effect which did not meet the minimal level of statistical confidence, a significant Groups X Treatment interaction of the age variable \( (F(5,39) = 2.93, p < .025) \) emerged. The means which contributed to this interaction are shown in Figure 1. Further analysis revealed significant age differences among the three experimental groups \( (F(2,39) = 4.75, p < .014) \). Subsequent tests for simple effects (Duncan's) identified experimental subgroup 1 as significantly older than experimental subgroups 2 and 3. As Figure 1 shows, experimental subgroup 1 more closely approximated the age of the controls.

Marital status was assessed through a chi-square test and analysis of frequency distribution. The chi-square test may not be a valid test since over 1/3 of the cells have
Figure 1. Mean age scores showing a Group X Treatment interaction and showing differences among the experimental Friendship Training subgroups.
expected counts of less than five. Even though chi-square is not appropriate as a formal test, results justify concluding that the groups do not differ in percentage distribution according to marital status (chi-square (3) = 3.135, p = .371). Inspection of frequency distributions revealed that most subjects in both groups were divorced (Friendship Training Group, referred to henceforth as FTG, = 10, Control Group, referred to henceforth as CG, = 13).

It was concluded that subjects were comparable in all demographic variables except age. This age difference was not expected. Although subjects were drawn from naturally occurring subgroups, these initial subgroups were essentially formed in a random manner and an even distribution in age was anticipated. Unfortunately, strict experimental randomization could not be employed in this investigation because assignment of any subject into a subgroup on the VA alcohol treatment unit was based on hospital policy of first-come-first-served. **Comparison of Groups by Means of Covariance Analysis**

For the reader's convenience the statistical procedures used for analysis of the FPI, FC, ISS, and BC are summarized here. Data obtained from these instruments were first separately analyzed through an analysis of covariance in which groups and treatment were the independent variables and pre-test scores functioned as the covariate. Secondly, since an age difference among the experimental subgroups emerged, it was necessary to obtain an additional analysis
of covariance of each measure in which pre-test scores and age functioned as dual covariates. These two sets of analyses involved testing whether or not there were any overall differences between the experimental group and the control group, and testing whether or not there were differences among the experimental or control subgroups. These two sets of analyses differed in terms of the covariables included: (a) only pre-test included, and (b) both pre-test and age included. The reader will note that depending on the number of covariables included the degrees of freedom for error changed.

Finally, a third analysis of covariance using pre-test and age as dual covariables was conducted in order to determine if variability among the three experimental subgroups or the three control subgroups was suppressing main effects between treatment groups. In this analysis subgroups were collapsed within the experimental and within the control groups and only the overall experimental versus control effect was tested. The within experimental group effect and within control group effect were ignored and, as a result became part of the error, thereby increasing the degree of freedom for error over that which resulted in the first two sets of analyses. The results of these three separate analyses will be presented for each dependent variable separately and are as follows:

Friendship Potential Inventory. Analysis of covariance (pre-test covariate) of the Friendship Potential Inventory
data failed to yield any significant between groups main effect or within group differences. Additional analyses of covariance (pre-test and age covariates) both with and without subgroups collapsed yielded similar non-significant results. A comparison of raw score pre-test means (FTG = 14.75, CG = 15.62) with raw score post-test means (FTG = 18.42, CG = 16.38) indicates minimally higher post-test scores for both groups and some trend toward more improved scores following Friendship Training. This trend however, was clearly not of sufficient size to reach acceptable levels of statistical confidence.

It was concluded that treatment intervention did not affect FPI scores as was predicted. Attitudes thought to influence potential for friendship formation, as measured by this instrument, were not altered. One possible explanation is that the FPI is not refined enough to detect attitude changes which actually occurred. However, this instrument has previously proven to be sensitive to intervention procedures (Dawley, Winstead, & Donlon, Note 3). The conclusion that the treatment package was insufficiently powerful to produce attitude changes is the more conservative one.

**Friendshipmaking Checklist.** Analysis of covariance (pre-test covariate) of the Friendshipmaking Checklist failed to disclose any reliable between groups main effect or within group differences. In the second supplemental analysis of covariance (pre-test and age covariates) a
significant between groups main effect ($F_{(1,37)} = 4.84, p< .034$) emerged, while within treatment group differences remained non-significant. The Least Squares Means contributing to these results have been diagrammed in Figure 2. As the preceding analysis shows, once the age factor was controlled, variability among subgroups no longer suppressed main effects. As would be expected, when the subgroups within the experimental and control groups were collapsed, a significant main effect was again found ($F_{(1,41)} = 4.36, p< .043$).

When both age and pre-test scores were statistically controlled, experimental groups demonstrated greater improvement on the FC scores. It was concluded that treatment intervention was effective in increasing subjects' evaluation or perception of themselves as more proficient in friendship making skills.

**Interpersonal Situational Scale.** Analysis of covariance (pre-test covariate) of the ISS data yielded a significant between groups main effect ($F_{(1,38)} = 8.25, p<.007$). As was predicted, experimental subjects demonstrated greater improvement in response choice positiveness on the ISS post-test than did control subjects. Further analysis revealed significant differences among the experimental subgroups ($F_{(2,38)} = 3.12, p<.052$). Subsequent tests for simple effects (Duncan's) identified experimental subgroup 1 as significantly below the performance of experimental subgroups 2 and 3. A second analysis of covariance
Figure 2. Least Squares Means for the Friendshipmaking Checklist showing an overall difference between the experimental Friendship Training Group and Control Group.
(pre-test and age covariates) was utilized to determine the possible effects of the age of experimental subgroup 1 on these results. This analysis achieved similar results in that a significant between groups main effect (\( F(1,37) = 8.09, p<.007 \)) and within treatment groups effect (\( F(4,37) = 2.59, p<.052 \)) emerged. Subsequent tests for simple effects (Fisher's Protected Least Significant Difference) continued to identify experimental subgroup 1 as significantly different (\( p<.026 \)) from experimental subgroup 3. Inspection of the Least Squares Means diagrammed in Figure 3 revealed a surprising absence of increased post-test scores for this particular subgroup which could not be explained on the basis of age. As the preceding analyses show, main effects were not suppressed by within treatment group variability. Consequently, in the final analysis of covariance in which subgroups were collapsed, a significant between groups main effect (\( F(1,41) = 4.92, p<.032 \)) was also found.

It was concluded that treatment intervention was effective in altering level of positiveness in verbal response choice. Treatment impact was particularly salient in experimental subgroups 2 and 3. A differential lack of treatment effect on experimental subgroup 1 could not be accounted for as a function of age. No clear explanation for the poorer performance of this subgroup was readily apparent.

**Behavior Checklist.** Interrater correlations were
Figure 3. Least Squares Means for the Interpersonal Situational Scale showing an overall difference between the experimental Friendship Training Group and Control Group, and showing differences among the experimental Friendship Training subgroups.
obtained for each behavioral category and were gleaned from the overall correlation matrix. These interrater correlations ranged from a high of +1.00 to a low of +.56. The majority of correlations were above +.70; it was concluded that interrater reliability was sufficient to continue analysis of the behavioral data.

1. Greeting Behavior. Analysis of covariance (pre-test covariate) demonstrated a significant between groups main effect (F (1,38) = 35.14, p<.0001). This result suggested increased scores on greeting behavior for the experimental groups. Additional analysis brought this assumption into question. Testing of within group effects yielded a significant difference among experimental subgroups (F (2,38) = 37.89, p<.0001). Subsequent tests for simple effects (Duncan's) identified experimental subgroup 1 as significantly superior to the remaining experimental subgroups. A possible explanation for these results in terms of the age of experimental subgroup 1 was investigated through a second analysis of covariance (pre-test and age covariates). This analysis also achieved similar results. A significant main effect (F (1,37) = 34.47, p<.0001) and within treatment groups effect (F (4,37) = 14.15, p<.0001) emerged. Tests for simple effects (Fisher's) reaffirmed the superiority of experimental subgroup 1 as compared to subgroup 2 (p<.0001) and 3 (p<.0001). Group Least Squares Means have been plotted in Figure 4. The main effects which emerged in the preceding analyses were repeated when
Figure 4. Least Squares Means for Greeting Behavior showing an overall difference between the experimental Friendship Training Group and Control Group, and showing differences among the experimental Friendship Training subgroups.
subgroups within the experimental and control groups were collapsed \( (F(1,41) = 22.44, p < .0001) \).

Again, experimental subgroup 1 did not behave in the same manner as did the other two treatment subgroups. The similarity of statistical results both with and without age controlled plainly indicates that age can not be utilized as an explanatory mechanism. Unfortunately, it appears that the behavior of this singular subgroup was primarily responsible for the predicted, and obtained, treatment main effect. It was concluded that treatment was not generally effective in increasing the target behavior but may have had some influence on one specific sample subgroup.

2. Subject Initiates Conversation. Analysis of covariance (pre-test covariate) of this behavioral data failed to disclose any reliable between groups main effects or within group differences. A second analysis was obtained. When pre-test and age functioned as dual covariates, analysis revealed a significant between groups main effect \( (F(1,37) = 6.94, p < .012) \). Within treatment group differences remained non-significant. Group Least Squares Means have been illustrated in Figure 5. Further significant main effects \( (F(1,41) = 7.84, p < .008) \) emerged when subgroups within the experimental and within the control groups were collapsed.

These data suggest that the variability introduced by age in the initial analysis functioned to suppress the behavioral changes which actually occurred. Once age was
Figure 5. Least Squares Means for Subject Initiation of Conversation showing an overall difference between the experimental Friendship Training Group and Control Group.
controlled it was concluded that treatment was effective in increasing subject initiation of conversations. Training was apparently successful in encouraging attitudes and skills involved in initiating interaction with others.

3. Other Initiates Conversation. Analysis of covariance (pre-test covariate) revealed no significant between groups main effect or within group differences. Further analysis of covariance (pre-test and age covariates), with and without subgroups collapsed, likewise failed to yield any statistically significant effects. It was concluded that treatment was not effective in increasing initiation of conversation by others in the subject's environment.

4. Subject Talking. Analysis of covariance (pre-test covariate) of subject verbalization data yielded a significant between groups main effect ($F(1,38) = 45.71, p < .0001$). As was predicted, experimental subjects demonstrated greater increases in verbal behavior than did control subjects. Data analysis further revealed a significant difference among the experimental subgroups ($F(2,38) = 3.95, p < .028$). Subsequent tests for simple effects (Duncan's) identified experimental subgroup 1 as exhibiting greater behavioral change than experimental subgroup 2. The possible influence of the age difference of the experimental subgroups on these findings was investigated through a second analysis of covariance (pre-test and age covariates). This analysis demonstrated similar results. A significant
between groups main effect \( (F(1,37) = 38.96, p < .0001) \) and significant within treatment groups effect \( (F(4,37) = 3.33, p < .020) \) emerged. Group Least Squares Means have been plotted in Figure 6. Even with age controlled, subsequent tests for simple effects (Fisher's) once more identified experimental subgroup 1 as superior to experimental subgroup 2 (\( p < .007 \)). Since the variance within treatment groups did not suppress the main effects in the preceding analyses, the between groups main effect when subgroups were collapsed within the experimental and control groups was expected and found \( (F(1,41) = 37.75, p < .0001) \).

It was concluded that, as was predicted, treatment intervention was effective in increasing subject verbal interaction with others. Treatment procedures appear to have increased subject motivation for, and/or competence in, verbal expression. Once again, enhanced behavioral change exhibited by experimental subgroup 1 can not be interpreted in terms of the age factor and remains unexplained.

5. Other Talking. Analysis of covariance (pre-test covariate) of this behavioral data yielded a significant between groups main effect \( (F(1,38) = 11.75, p < .002) \). Experimental subjects experienced greater increases in verbal input from others than did control subjects. Further analysis revealed differences among experimental subgroups \( (F(2,38) = 3.26, p < .049) \). The pattern of augmented behavioral scores in experimental subgroup 1 was not evidenced here. Instead, subsequent tests for simple
subject talking least squares means

Figure 6. Least Squares Means for Subject Talking showing an overall difference between the experimental Friendship Training Group and Control Group, and showing differences among the experimental Friendship Training subgroups.
effects (Duncan's) identified relatively higher performance for experimental subgroup 3 as compared to the remaining experimental subgroups. In order to investigate possible age effects, a second analysis of covariance (pre-test and age covariates) was performed. This analysis reiterated earlier findings. A significant between groups main effect ($F(1,37) = 12.23, p<.001$) and within treatment group effect ($F(4,37) = 3.40, p<.018$) emerged. Figure 7 illustrates the Least Squares Means which contributed to these results. Although age was controlled, subsequent tests for simple effects (Fisher's) continued to render experimental subgroup 3 as significantly different from subgroup 1 ($p<.018$) and subgroup 2 ($p<.035$). The significant between groups main effect was also evidenced when the subgroups within the experimental and control groups were collapsed ($F(1,41) = 7.92, p<.007$).

It was concluded that treatment was effective in increasing amount of verbalization directed toward subjects exposed to Friendship Training. Intervention was thought to have altered verbal and/or non-verbal cues which show appreciation for, and interest in, interacting with others. The augmented performance of experimental subgroup 3 could not be explained as a function of age. This subgroup was led by an independent trainer and it is possible that performance here reflects a therapist effect. However, a therapist effect might be expected to be evidenced in more than one behavioral measure. Since this was the only
Figure 7. Least Squares Means for Other Talking showing an overall difference between the experimental friendship training group and control group, and showing differences among the experimental friendship training subgroups.
instance in which subgroup 3 performed uniquely, it is more likely that performance here reflects undetermined individual group differences.

6. Game Playing. Analysis of covariance (pre-test covariate) failed to reveal any between groups main effect or within groups effect. An additional analysis of covariance (pre-test and age covariates) replicated these findings. Statistical analysis of the experimental subgroups and control subgroups collapsed yielded non-significant results and indicates that within group variances were not suppressing main effects.

It was concluded that treatment intervention had no effect on the frequency of engaging in playing a game without concurrent verbal interaction. This behavioral category was not included as a target behavior to assess treatment effectiveness directly but rather was included as one index of subject behavior during periods in which verbal interaction was absent.

7. Facing Other. Analysis of covariance (pre-test covariate) of facial orientation data failed to yield any significant between groups main effect or within groups effect. Similarly, no significant differences emerged from the second analysis of covariance (pre-test and age covariates). Analysis of the experimental and control subgroups collapsed yielded non-significant results and indicated that within group variances were not suppressing main effects.
It was concluded that treatment was not productive in increasing this target behavior. These data indicated that experimental subjects failed to respond to direct instruction and practice in the non-verbal behavior of facing the other. Alternatively, it is possible that the criteria for scoring this category (subject's nose is approximately in a direct line with the other's face) was too stringent to detect more subtle and systematic changes in the positioning of the subject's head relative to the other.

8. Smiling. Analysis of covariance (pre-test covariate) of smiling data failed to yield a between groups main effect. There was no evidence that the experimental and control groups differed with respect to smiling behavior. However, further analysis revealed significant differences among experimental subgroups \( F (2,38) = 12.76, p<.0001 \) and among control subgroups \( F (2,38) = 6.65, p< .003 \). Subsequent tests for simple effects (Duncan's) identified experimental subgroup 1 and control subgroup 2 as significantly different from their respective groups. Variability among the ages of the subgroups was investigated through further analysis of covariance (pre-test and age covariates) which achieved similar results. The between groups main effect failed to reach significance but a within treatment groups effect \( F (4,37) = 10.04, p<.0001 \) emerged. The Least Squares Means contributed to these results have been diagramed in Figure 8. As in the previous
Figure B. Least Squares Means for Smiling behavior showing differences among the experimental Friendship Training subgroups and among the Control subgroups.
analysis, even with age controlled, subsequent tests for simple effects (Fisher's) indicated a significant difference between experimental subgroup 1 and experimental subgroups 2 (p<.0003) and 3 (p<.0002). Control subgroup 2 was found to differ from control subgroups 1 (p<.001) and 3 (p<.017).

The lack of main effects which occurred could not be explained as a function of subgroup variability within the experimental and control groups. When subgroups within the experimental and control groups were collapsed, between groups main effects continued to remain non-significant.

It was concluded that intervention procedures were not effective in increasing smiling responses. Subjects failed to respond to direct instruction or practice of this particular target behavior. The unsystematic variability among subgroups could not be attributed to age or treatment effects and may be a simple consequence of individual group differences or extraneous variables not controlled or measured in this study.

9. Within 3 Feet. Analysis of covariance (pre-test covariate) of physical proximity data revealed a significant main effect between experimental and control groups (F(1,38) = 6.21, p<.017). Treatment groups demonstrated improved performance on the target behavior. Further analysis revealed differences among experimental subgroups (F(2,38) = 15.36, p<.0001). Subsequent tests for simple effects (Duncan's) identified experimental subgroup 1 as significantly below the performance of the other
experimental subgroups. A second analysis of covariance (pre-test and age covariates) was employed to examine the possibility that age was influential in the performance of experimental subgroup 1. Comparable results were achieved. A significant main effect \( F(1,37) = 6.98, p<.012 \) and within treatment group effect \( F(4,37) = 7.81, p<.0001 \) was found. The Least Squares Means contributing to these results have been illustrated in Figure 9. Subsequent tests for simple effects (Fisher's) continued to identify experimental subgroup 1 as significantly different from subgroups 2 \( (p<.0001) \) and 3 \( (p<.0001) \). Therefore, the deficiency in behavioral change of subgroup 1 could not be accounted for based on age difference. Surprisingly, when subgroups within the experimentals and within the controls were collapsed, analysis failed to yield significant main effects. Reference to Figure 9 suggests that the exceptionally poor performance of experimental subgroup 1 functioned to suppress change in physical proximity which occurred among the other experimental subgroups.

It was concluded that treatment was effective in increasing the subject's physical proximity to others during social interaction for two of the Friendship Training subgroups. An unexplained absence of treatment effect for subgroup 1 remained.

10. Friendly Touching. Analysis of covariance (pre-test covariate) of this behavioral data failed to yield any reliable between group main effects. Further analysis
Figure 9. Least Squares Means for Physical Proximity of Within 3 Feet showing an overall difference between the experimental Friendship Training Group and Control Group, and showing differences among the experimental Friendship Training subgroups.
revealed significant differences among control subgroups (\( F(2,38) = 4.29, p<.021 \)). Subsequent tests for simple effects (Duncan's) revealed a statistical difference between the performance of control subgroups 1 and 2. A second analysis of covariance (pre-test and age covariates) achieved similar results. The between groups main effect remained non-significant while a within treatment groups effect (\( F(4,37) = 2.83, p<.038 \)) emerged. Least Squares Means have been illustrated in Figure 10. Subsequent tests for simple effects (Fisher's) again identified control subgroup 1 as significantly different from control subgroup 2 (\( p<.008 \)). Analysis of covariance with subgroups collapsed within the experimental and within the controls, once more failed to yield a significant between treatment groups main effect. Thus, variability among subgroups was not suppressing main effects.

It was concluded that treatment intervention did not affect friendly touching behavior. Figure 10 illustrates rather unsystematic differences among subgroups and no clear superiority of trained experimental subjects on the target behavior. This variability among control subjects suggests that factors other than Friendship Training were operative in producing behavioral changes.

11. Yelling. Analysis of covariance (pre-test covariate) of voice volume data failed to yield any reliable between groups main effects or within group differences. Further analysis of covariance (pre-test and age covariates)
Touching Behavior Least Squares Means

Figure 10. Least Squares Means for Touching Behavior showing differences among the Control subgroups.
both with and without subgroups collapsed, duplicated these non-significant findings. It was concluded that treatment intervention was ineffective in decreasing amount of yelling behavior. Didactic instruction and practice exercises were not productive in altering speech volume during verbal interaction.

12. Active and Solitary. Analysis of covariance (pre-test covariate) of this behavioral data revealed significant differences between experimental and control groups \( F (1,38) = 18.44, p < .0001 \). Experimental subjects were less frequently involved in active, but solitary, behavior. Further analysis revealed significant differences among control subgroups \( F (2,38) = 7.23, p < .002 \). Subsequent tests for simple effects (Duncan's) identified a significant difference between control subgroups 1 and 3. An additional analysis of covariance (pre-test and age covariates) achieved similar results. A significant between groups main effect \( F (1,37) = 14.88, p < .0004 \) and within treatment groups effect \( F (4,37) = 4.46, p < .005 \) emerged. Figure 11 illustrates the Least Squares Means which contributed to these results. Subsequent tests for simple effects (Fisher's) identified control subgroup 3 as significantly different from control subgroups 1 \( (p < .0004) \) and 2 \( (p < .045) \). The differential performance of these subgroups could not be attributed to age effects. A final analysis of covariance (pre-test and age covariates) in which subgroups were collapsed within the experimentals and
Figure II. Least Squares Means for Active and Solitary Behavior showing an overall difference between the experimental Friendship Training Group and Control Group, and showing differences among the Control subgroups.
controls again yielded a significant between treatment groups main effect ($F(1,41) = 10.77, p<.002$).

It was concluded that intervention procedures were sufficiently powerful to reduce active and solitary behavior. This behavioral category was included as simply one index of behavior which did not involve social interaction. A significant decrease in solitary behavior lends additional indirect support for treatment effectiveness. Although control subgroup 3 improved performance on the target behavior, the systematic changes which occurred among the three experimental subgroups did not occur among the three control subgroups. It may be that with simply the passage of time and greater familiarity with hospital surroundings, active but solitary behavior automatically declines. Treatment procedures may have functioned to significantly augment this effect.

13. Inactive and Solitary. Analysis of covariance (pre-test covariate) of this behavioral data failed to yield any reliable between groups main effect or within group differences. Further analysis of covariance (pre-test and age covariates) both with and without subgroups collapsed, duplicated these non-significant results.

It was concluded that treatment intervention did not alter inactive and solitary behavior to a degree which would differentiate experimentals from controls. This behavioral category was not included as a target behavior to assess treatment effectiveness directly but rather was included as
one index of behavior which did not involve social interaction. Furthermore, a clear cut decrease in solitary behavior would have lent indirect support to intervention procedures.

**Follow-Up Report.** Eleven of the twenty-four experimental subjects and seven of the twenty-one control subjects responded to the follow-up questionnaire. Since no pre-test of this measure was obtained, Follow-Up Report data were first tested through an analysis of variance. This analysis revealed a significant main effect between experimental and control groups ($F(1,12) = 13.43, p<.003$). Experimental groups scored higher on social interaction than did control subjects. Additionally, a significant Group X Treatment interaction ($F(5,12) = 4.37, p<.017$) resulted from significant differences among the control subgroups ($F(2,12) = 4.69, p<.013$). Subsequent tests for simple effects (Duncan's) identified control subgroup 3 as significantly different from other control subgroups. Follow-Up Report data were further analyzed through an analysis of covariance using only age as a covariate. This analysis revealed a significant between groups main effect ($F(1,11) = 10.21, p<.008$). With age controlled, no significant within treatment group effects were found. The Least Squares Means which contributed to these results have been diagrammed in Figure 12. Analysis of covariance with subgroups collapsed within the experimental and control groups continued to yield a significant between treatment groups main effect ($F(1,15)$
Figure 12. Mean Follow-Up Report scores showing an overall difference between the experimental friendship training group and control group.
Two additional analyses of variance with subgroups collapsed were performed using selected FUR items, in order to more fully disclose differences in self report between experimentalists and controls. The first of these analyses failed to reveal any reliable between groups main effect on items relating to sobriety and lack of social support for sobriety (items 1, 2, 4, and 12). A significant between groups main effect emerged ($F(1, 16) = 6.38$, $p<.025$) on the second analysis, when the experimentalists and controls were compared on items thought to reflect abstinence supportive social contact (items 3, 5, 6, 7, 8, 9, 10, and 11).

Conclusions drawn from this data must be tentative due to the fact that only approximately 1/2 of the experimentalists and 1/3 of the controls chose to respond to this questionnaire. A somewhat higher response rate from the experimentalists might reflect greater involvement in the treatment program than was experienced by the controls. With a more substantial response rate these data might have been different from those obtained here. Based on the available data, it was inferred that friendship intervention procedures generalized effects to non-hospital settings and resulted in higher rates of social contact which might support recovery from alcoholism. Friendship Training did not significantly decrease social contact which is considered detrimental to sobriety.
Frequency Distribution for Follow-Up Report

Frequency distribution for individual follow-up items were obtained in order to establish a clearer picture of the differences between the experimental and control groups. Table 1 lists the number of subjects relative to their own main group (experimental or control) who responded to an item in a particular manner. Additionally, a Fisher's Exact Probability Test was conducted on each individual item in order to determine if differences between the groups were statistically significant. These results are listed in Table 1.

As reference to Table 1 demonstrates, only item 11 reached the minimally acceptable level of statistical confidence. In item 11, the Friendship Training Group reported greater involvement in structured social activities than did controls. The significance of this one particular item out of fifteen items could have occurred simply by chance. Items concerning abstinence from alcohol, relying on a bar for socialization purposes, meeting new and supportive others, and spending less time alone failed to clearly differentiate between groups. All subjects in all groups rated the VA program as very valuable to them. Thus, analysis of frequency distributions achieved limited success in delineating particular items which contributed to the improved social interaction suggested by the preceding statistical procedures of analysis of variance and analysis of covariance. Since only a small number of subjects
Table 1
Follow-Up Report Comparing the Friendship Training Group (FTG) and Control Group (CG)

<table>
<thead>
<tr>
<th>Items</th>
<th>Number of S's in FTG</th>
<th>Number of S's in CG</th>
<th>Probability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No alcohol consumption</td>
<td>8</td>
<td>3</td>
<td>n. s.</td>
</tr>
<tr>
<td>2. Haven't been to a bar</td>
<td>4</td>
<td>4</td>
<td>n. s.</td>
</tr>
<tr>
<td>3. Over six others supportive</td>
<td>6</td>
<td>4</td>
<td>n. s.</td>
</tr>
<tr>
<td>4. No non-supportive others</td>
<td>7</td>
<td>6</td>
<td>n. s.</td>
</tr>
<tr>
<td>5. Met over six non-drinkers</td>
<td>9</td>
<td>4</td>
<td>n. s.</td>
</tr>
<tr>
<td>6. Daily contact with non-drinkers</td>
<td>3</td>
<td>1</td>
<td>n. s.</td>
</tr>
<tr>
<td>7. Met over six light drinkers</td>
<td>1</td>
<td>1</td>
<td>n. s.</td>
</tr>
<tr>
<td>8. Daily contact with light drinkers</td>
<td>2</td>
<td>0</td>
<td>n. s.</td>
</tr>
<tr>
<td>9. Three or less hours per day alone</td>
<td>9</td>
<td>4</td>
<td>n. s.</td>
</tr>
</tbody>
</table>
Follow-Up Report Comparing the Friendship Training Group (FTG) and Control Group (CG)

<table>
<thead>
<tr>
<th>Items</th>
<th>Number of S's in FTG</th>
<th>Number of S's in CG</th>
<th>Probability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Four or more hours per day socializing</td>
<td>6</td>
<td>1</td>
<td>n. s.</td>
</tr>
<tr>
<td>11. Participation in social activities</td>
<td>11</td>
<td>4</td>
<td>p&lt;.05</td>
</tr>
<tr>
<td>12. Activities don't involve heavy drinking</td>
<td>11</td>
<td>5</td>
<td>n. s.</td>
</tr>
<tr>
<td>13. Past participation in activities</td>
<td>7</td>
<td>4</td>
<td>n. s.</td>
</tr>
<tr>
<td>14. Past activities relinquished while drinking</td>
<td>5</td>
<td>2</td>
<td>n. s.</td>
</tr>
<tr>
<td>15. VA program very valuable</td>
<td>11</td>
<td>7</td>
<td>n. s.</td>
</tr>
</tbody>
</table>

*non-significant*
actually responded to the Follow-Up Report, it is possible that the lack of significant results was partially influenced by an insufficient sample size. It can be concluded only that Friendship Training may have increased motivation for participation in structured social activities.

**Relations Among Assessment Instruments**

A correlation matrix was used to assess relationships among the various instruments employed. Prior to treatment intervention it was expected that scores on these assessment instruments would be low for all subjects. Since such a restricted score range limits the probability of a correlation reaching significance, and since treatment procedures were expected to increase scores and consequently expand score range, it was decided that post-test scores would be used in computing the correlation coefficients.

Post-test correlations among the FPI, FC, and ISS were obtained to determine if these instruments measured approximately the same general area of behavior. These correlations demonstrated a significant relationship between friendship attitudes as measured by the FPI and self perception of skills as measured by the FC (r = .496, p< .0005). Attitudes reflected in the FPI were additionally related to the positiveness of speech content as measured by the ISS (r = .466, p< .001). The FC and ISS were not significantly correlated. These data suggest that attitudes and values regarding friendship are related to both self
perception of friendship making skills and to positiveness of verbal response choices. Self perception of skill and verbal response choice do not appear to be related.

Post-test correlations among the FPI, FC, ISS, and various categories of the Behavior Checklist, yielded only a few significant relationships. A low, but significant, negative correlation between the FC and friendly touching ($r = -0.377$, $p<0.010$) emerged. Subjects who perceived themselves as more socially skilled engaged in less physical contact. ISS scores correlated with verbal input from others ($r = 0.291$, $p<0.052$). Subjects who opted for more positive verbal content choices experienced higher verbal input from those with whom they interacted. ISS scores also correlated negatively with active and solitary subject behavior ($r = -0.287$, $p<0.055$). This negative correlation implies that subjects who chose more positive verbal responses engaged in less solitary behavior. No significant correlations were found between the FPI and any of the behavioral categories.

Post-test scores on the FPI, FC, ISS, and BC were used to assess the relationship among these instruments and total scores on the Follow-Up Report. No significant correlations were found. It was concluded that attitudes reflected in the FPI, self perception of friendship skills as indicated by the FC, content of verbal response identified in the ISS, and behaviors observed on the BC were not significantly related to report of alcohol consumption or social contact.
following hospital discharge.
Chapter IV
Discussion

Three separate groups of adult male, inpatient alcoholics, exposed to a Friendship Training program (FTG) and three analogous groups of untrained control subjects (CG) were compared on several demographic, self report, and behavioral measures. Three of the four self report instruments (the Friendshipmaking Checklist, Interpersonal Situational Scale, and Follow-Up Report) and five of the thirteen observed behaviors (subject initiates conversation, subject talking, other talking, physical proximity, and active but solitary) were found to differentiate clearly between the experimental training groups and untrained control groups.

Demographic data indicates that the FTG and CG were comparable in terms of race, education, employment, marital status, and duration of drinking problem, but age differences were found within the three experimental Friendship Training subgroups. Subjects in experimental subgroup 1 were older than the other experimental subjects. Statistical analysis suggests that this age difference did not significantly influence the performance of this particular training subgroup on the various assessment instruments utilized here. On several measures, however, the performance of experimental subgroup 1 was either superior or inferior to the other experimental subgroups. A therapist effect as an explanatory mechanism is
contraindicated by the fact that experimental subgroups 1 and 2 were both led by the same investigator, while subgroup 3 was led by a separate trainer. The differential performance of this subgroup suggests that it was unique in some way not measured or controlled in this study. No clear explanation for the unusual performance of experimental subgroup 1 is readily apparent.

Intercorrelations among the assessment devices used in this study suggest that some of these instruments measured somewhat different facets of friendship ability. It is also possible that some of these instruments are not measuring what they purport to measure. Attitudes and values regarding friendship (FPI) were related both to self perception of skill (FC) and to the positiveness of speech content choice (ISS). Self perception of skill and verbal content choice were not of themselves independently related. Contrary to expectations, friendship attitudes (FPI) were not related to actual observed behaviors (BC). Only a few sporadic relationships between self perception of skill (FC), verbal content choice (ISS), and interpersonal in-hospital behaviors (BC) emerged. None of these self report measures or observed behaviors were useful in predicting the alcohol consumption or social contact reported in follow-up (FUR). Further research in the development of efficient and predictive measures of friendship skills is sorely needed.

The obtained FPI data indicate that attitudes related to
friendship were not changed as a result of the experimental training. Friendship Training Group subjects did not appear to alter their feelings toward friendships or their readiness to respond to others more positively on this measure. These results are inconsistent with attitude changes found on the FPI following a somewhat similar two week social skills training program (Dawley, Winstead, & Donlon, Note 3). The present treatment program which lasted only one week may have been of insufficient duration to obtain the desired results. Further research with a more extended training period would help to clarify this issue.

While training failed to sufficiently influence attitudes concerning social interaction, experimental subjects did demonstrate an increased evaluation of themselves as more competent in friendship skills (FC) following Friendship Training. Subject responses indicate increased confidence in the ability to handle positively a wide range of verbal and non-verbal social behaviors. The limited number of observed behavioral changes which actually occurred suggests that training was not effective in maximally engaging the interest and effort required to exercise all of these self-perceived skills while in the hospital program.

Behavioral changes were minimal and occurred in only five of the thirteen behaviors rated. The only non-verbal behavior altered as a result of Friendship Training was that of physical proximity. Additionally, training did not
equally influence the performance of all three experimental subgroups. Experimental subgroup 1 responded negatively to training and more frequently avoided close physical proximity. No explanation for this unexpected response is available. Other subjects exposed to this training were inclined to stand or sit closer to others than did untrained controls. Both didactic presentation and practice exercises were insufficiently powerful to modify other non-verbal behaviors. Extended training sessions may be of value in producing desired alterations in smiling, touching, or facial orientation behaviors.

Treatment effects on observed behaviors were also noted in the amount of time spent in social interaction. Experimental training subjects who were engaged in some physically exerting work or play activity more frequently did so in conjunction with others. Periods of solitary restful leisure time remained unchanged. This indicates that while subjects continued to value solitary quiet times, they also sought the company of others during more active periods. If subjects perceived themselves as more competent in friendship skills, it is likely that they also felt more at ease around others and, therefore, were more willing to engage in social contact.

Experimental subjects did not experience an increase in the frequency with which others initiated contact but did themselves increase initiation of conversation with others. Once a conversation was begun verbalization within that
interaction increased for both trained subjects (particularly for experimental subgroup 1) and others. Only experimental subgroup 1 demonstrated improvements in simple greeting behavior which did not lead to extended conversation. These results suggest an improvement in both quantity and quality of social contact. It appears that individuals not exposed to Friendship Training continued to be reticent to actively seek contact with experimental subjects but once engaged in contact were then more vigorous participants.

In the absence of advancement of the non-verbal behaviors of smiling, facial orientation, or friendly touching it is likely that alterations in verbal behaviors were responsible for these more active conversations. That subjects exposed to Friendship Training had more to say within an interaction implies augmented motivation for and/or competence in verbal expression. Since the frequency of the other's verbalization also increased, it can be assumed that the speech content of experimental subjects reflected attention, interest, and appreciation for the other's verbal responses. Subjects exposed to training in these skills were consequently more rewarding to others and reinforced continued interaction.

The presumption that speech content was improved as a consequence of training is further supported by the elevation in positiveness of verbal response choice on the ISS. This instrument reflected content of verbalization in
expressing interest in and concern for others, in giving and receiving compliments, in self disclosure of feelings and thoughts, and in reflecting the other's statements. Performance on the ISS indicates that subjects were aware of, and could identify, more rewarding verbal responses following training procedures. The observed behavioral increase in level of verbalization offered by others suggests that subjects actually utilized this information within real life social interaction. This is consistent with past research demonstrating the generalization value of instruments similar to the ISS (Carkhuff, 1969).

The true test of the effectiveness of any program must be shown in follow-up. Therefore, a critical part of any treatment assessment is a follow-up procedure. This is important not only to justify the institution of any program but may also influence the motivation for change among program participants. Data collected in follow-up indicates that Friendship Training was, at best, a moderately effective therapeutic endeavor. Conclusions drawn from these data can only be considered tentative due to the limited number of subjects who responded to the follow-up questionnaire. Thus, only a partial picture is available. The response rate on this kind of measure is typically low and, in this study, VA consultants warned that only 1/10 of the subjects would return follow-up information. The actually obtained higher response rate (approximately 1/2 of the experimentals and 1/3 of the controls) may have resulted
from the investigator's persistence in reminding subjects of the necessity of collecting these data.

Based on the follow-up questionnaires which were obtained, it appears that as compared to controls, experimental subjects experienced higher rates of social interaction and were more involved in structured social activities. Friendship Training seems to have increased both the skills involved in and the motivation for social interaction, as well as knowledge and use of the existing options for social contact. It was anticipated that as social interaction increased, the opportunity for developing rewarding, abstinence supportive interpersonal relationships would also increase. These relationships then might function to decrease psychological distress and offer an alternative to alcohol consumption. The present data indicate that short term relapse into alcohol consumption and interaction with non-abstinence supportive others were not significantly decreased as a result of Friendship Training. It is possible that in the space of only three months prior to collecting follow-up data, initial social contacts did not have adequate time to deepen into more powerful relationships that might impact upon drinking behavior. Such a speculation could only be investigated through more extensive research involving long term follow-up data.

In summary, these data suggest that Friendship Training generated several desired effects. Measures taken
in-hospital indicate that the Friendship Training program presented to experimental subjects failed to alter attitudes related to friendship but did increase self perception of the ability to establish positive relationships. Training was effective in decreasing solitary behavior and improving the skill and/or interest and effort involved in initiating contact with others. As a result of this treatment program, subjects were alerted to more positive verbal responses and experienced augmented verbal interchange once a contact was established. Thus, training was influential in increasing the extent to which the subject was rewarding to others and able to reinforce social interaction. Self report of subjects following hospital discharge revealed higher rates of social contact, however, the specific areas in which social contact improved could not be clearly identified. These data do suggest at least some generalization of training effects to the natural environment.

It appears that Friendship Training was most productive in improving the quantity of time devoted to social interaction and perhaps the quality of these interactions. It can be concluded that training was somewhat beneficial in improving the subject's evaluation of his competence in establishing relationships, and in cultivating both motivation for interpersonal contact and the verbal skills with which to maintain that contact. The therapeutic advantage of this training to a specifically alcoholic population remains of questionable value. Although it
appears that Friendship Training advanced opportunities for
the development of rewarding friendships and escape from the
loneliness associated with relapse, subjects in this
investigation did not, in fact, experience decreased rates
of alcohol consumption.
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Appendix A

FRIENDSHIP POTENTIAL INVENTORY

To complete this questionnaire, assign a value to each statement by choosing from the answers below the number (from +2 to -2) which indicates the extent to which you agree or disagree with the statement. For example, if you "completely agree" with a statement, you would write "+2" in the blank before it, or, if you "moderately disagree", you would write "+1" in the blank. Be sure to fill in all blanks.

+2 = Completely agree
+1 = Moderately agree
0 = Neither agree nor disagree
-1 = Moderately disagree
-2 = Completely disagree

___ 1. Most people seem to have more friends than I do.*
___ 2. I often compliment my friends on their nice appearance.
___ 3. I'd rather use public transportation than ask a friend for a ride.*
___ 4. I shy away from meeting new people because I'm afraid they won't like me.*
___ 5. I'm the type of person who likes people.
___ 6. In times of trouble I count on my friends for help.
___ 7. People tend to feel good when they are around me.
___ 8. I'd help a friend who was in a jam even if it was inconvenient for me to do so.
9. I hold back from criticizing people and their ideas.

10. When I like someone, I try to let them know it.

11. I'm too busy to have many friends.*

12. When I see someone I know, I greet them with a smile and a cheerful "hello."

13. I am reluctant to confide in others.*

14. I'll occasionally give a gift to a friend just because I want to.

15. Very seldom will I call a friend just to chat.*

16. I'm reluctant to lend money no matter how small the amount.*

17. I like to spend my free time socializing with friends.

18. If a close friend told me a confidential secret, there's a good chance that I would tell someone else.*

19. I'm not likely to help a person if it involves much trouble for me.*

20. There are other things that are more important to me than making friends.*

21. If a friend asked my opinion about an unflattering hairstyle, I would give an honest answer.

22. One or a few close friends are worth many not-so-close friends.

23. I believe that most people really don't need or want my friendship.*

24. When in a group, I let others keep the conversation
going.*

25. I'll go out of my way to keep in touch with old friends, even if they live far away.

26. My friendships tend to get better with the passage of time.

27. I tend to be a "wallflower" at parties.*

28. One of my difficulties in making friends is my fear of rejection.*

* = Reverse score.
### Appendix B

#### FRIENDSHIPMAKING CHECKLIST

<table>
<thead>
<tr>
<th>Friendshipmaking Skill</th>
<th>Needs Work</th>
<th>Uncertain</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to admit mistakes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Ability to compromise</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Ability to enjoy people</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Ability to get along with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Ability to say you're sorry</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6. Assertiveness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Calling people on phone</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>8. Calling people by their name</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Contact with people</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>10. Doing favors</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>11. Expressing positive feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>12. Extemporaneous talking - small talk</td>
<td>1</td>
<td>3</td>
<td>3</td>
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<tr>
<td>13. Facial talk</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>14. Feeling socially at ease</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Generosity</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>16. Getting through to people</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Giving compliments</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>18. Giving invitations</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>19. Greeting talk</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>20. Hand and body movements</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>21.</td>
<td>Have genuine interest in others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>22.</td>
<td>Honesty</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23.</td>
<td>Initiating conversation</td>
<td>1</td>
<td>2</td>
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<tr>
<td>24.</td>
<td>Keeping conversation going</td>
<td>1</td>
<td>2</td>
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<tr>
<td>25.</td>
<td>Listening: active</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26.</td>
<td>Listening: passive</td>
<td>1</td>
<td>2</td>
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<tr>
<td>27.</td>
<td>Loudness of voice</td>
<td>1</td>
<td>2</td>
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<tr>
<td>28.</td>
<td>Loyalty</td>
<td>1</td>
<td>2</td>
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<tr>
<td>29.</td>
<td>Maintaining eye contact</td>
<td>1</td>
<td>2</td>
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<tr>
<td>30.</td>
<td>Making time for friendship</td>
<td>1</td>
<td>2</td>
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<tr>
<td>31.</td>
<td>Mingling</td>
<td>1</td>
<td>2</td>
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<tr>
<td>32.</td>
<td>Opportunities for friendly contact</td>
<td>1</td>
<td>2</td>
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<tr>
<td>33.</td>
<td>Other touching</td>
<td>1</td>
<td>2</td>
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<tr>
<td>34.</td>
<td>Personal hygiene</td>
<td>1</td>
<td>2</td>
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<tr>
<td>35.</td>
<td>Politeness</td>
<td>1</td>
<td>2</td>
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<tr>
<td>36.</td>
<td>Posture</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>37.</td>
<td>Reaching out</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>38.</td>
<td>Realistic expectations</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>39.</td>
<td>Receiving compliments</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>40.</td>
<td>Remembering names</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>41.</td>
<td>Self-acceptance</td>
<td>1</td>
<td>2</td>
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<tr>
<td>42.</td>
<td>Self-concept</td>
<td>1</td>
<td>2</td>
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<tr>
<td>43.</td>
<td>Self-disclosure</td>
<td>1</td>
<td>2</td>
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<tr>
<td>44.</td>
<td>Self-talk</td>
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<td>2</td>
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<tr>
<td>45.</td>
<td>Shaking hands</td>
<td>1</td>
<td>2</td>
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<tr>
<td>46.</td>
<td>Sharing your problems</td>
<td>1</td>
<td>2</td>
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<tr>
<td>47.</td>
<td>Sincerity</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>48.</td>
<td>Smiling</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>49.</td>
<td>Stopping conversation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>50.</td>
<td>Talking about yourself</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>51.</td>
<td>Tolerance</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix C

INTERPERSONAL SITUATIONAL SCALE

This scale contains a description of 10 different situations. Some of these you may have encountered in the past, some you may experience in the future. In each scene there is a person who makes a comment or a statement. Below each scene are 5 different statements which someone might say to that person. Select the one which you feel you would be most likely to choose if that situation were actually happening to you. If you feel you would not choose any of the 5 statements, you are free to write in your own response in the blank provided. Select one, and only one, of the six choices. Circle the number of the statement that you choose.

A. You have just been introduced to John Doe, at a small party given at a friend's home. After introducing you, your host is called away, leaving you alone with this new person. John says: "I hear you like professional wrestling. So do I." Your response is:

1. It's very nice to meet you. I'll enjoy having a chance to talk with you. (3)
2. I want to tell you how pleased I am you came. (2)
3. So what. This is a party and I'd rather dance than talk. (0)
4. It's very nice to meet you. I'll enjoy the chance to hear your opinion on that last match. Are you also
interested in football? (4)

5. That's nice. Professional wrestling may be going out of style since not too many people are interested anymore. (1)

6. I would not say any of these. I would say:

B. You and a new neighbor you've only spoken to a few brief times, meet on the sidewalk outside your home on Sunday afternoon. Your neighbor says: "You make a great neighbor. I'm glad I moved next door to you" Your response is:

1. My last neighbors also said that. (1)

2. I guess I am a fairly good neighbor. (2)

3. Thank you for telling me. I feel it's important to be courteous and considerate where my neighbors are concerned. You are also a good neighbor and I am appreciative of that. (4)

4. You're just saying that. You would probably say that to just about any neighbor who didn't keep you up all night with loud music. (0)

5. Thank you for the compliment. (3)

6. I would not say any of these. I would say:

C. After a Saturday night movie, you run into a casual acquaintance outside the theater. He has just finished telling you a long involved story concerning an argument
with his boss over working conditions and a disagreement with his wife concerning discipline of their children. Your acquaintance says: "I've really had a bad day." Your response is:

1. I want to tell you how sorry I am. (2)
2. It's clear these arguments have upset you. Perhaps our talking about it further might help. (4)
3. That's too bad. (1)
4. I don't like talking about other people's problems. (0)
5. You sound very upset over these arguments. (3)
6. I would not say any of these. I would say:

D. You and a new acquaintance are at a restaurant having dinner. You enjoy his company and want to tell him so. This person does not readily accept your expression of your feelings. You have just told him "I really enjoy being with you and like you very much." Your acquaintance says: "Oh, come off it. You don't mean that." Your response is:

1. O.K., forget it. It's not worth mentioning again. (0)
2. Yes, I mean it. I do like you a lot. (3)
3. I'm sorry but I do mean it. Hope I didn't embarrass you. (2)
4. I know what I'm saying. I don't say things without meaning them. (1)
5. Yes, I mean it. You're a very nice person whom I like a lot. (4)

6. I would not say any of these. I would say:

E. You have just been introduced to a new church group and are asked to tell something about yourself that you consider of value. The group leader says: Mr. ______, it's your turn to speak." Your response is:

1. I'm honest. (3)
2. There is nothing I can think of. (0)
3. I'm honest with myself and others. (4)
4. I'm not dishonest. (1)
5. I guess I could say I'm honest. (2)
6. I would not say any of these. I would say:

F. You belong to a club that meets once a week to discuss a variety of topics. You have just enjoyed listening to a very interesting and informative speaker. You want to compliment him on his speech. You are introduced to the speaker. The speaker says: "How did you like the talk?" Your response is:

1. Thank you for such an interesting speech. You are an excellent speaker. I hope to hear you again sometime. (4)
2. I enjoyed this afternoon. You're not bad as a
3. I enjoyed listening to you. You are an excellent speaker. (3)

4. That was a long speech you gave. It must have taken a long time to write it. (0)

5. I hope you don't mind my telling you how good your speech was. I enjoyed this better than last week. (2)

6. I would not say any of these. I would say:

G. It's breaktime at work and a co-worker you would like to get to know better is sitting alone. You walk over to him and sit down. Your co-worker says: "Hello." Your response is:

1. I'm sorry if I'm interrupting you. I thought we might get better acquainted. (2)

2. I have to go. Breaktimes aren't long enough around here. (0)

3. I'm glad to see you here. I'd like for us to get better acquainted. Are you interested in football? (4)

4. Hello. It's nice that we're both on break. (1)

5. I'm glad to see you here. I'd like to get to know you better. (3)

6. I would not say any of these. I would say:

H. A co-worker whom you like is being transferred to
another city. You wish to let him know that you value, and will continue to need, his friendship and support. You would like to stay in contact with him. Your co-worker says: "Well, I leave next week." Your response is:

1. I like you very much and appreciate your support. I'd like for us to keep in touch. (3)

2. All of us working around here will miss you. This job won't be quite the same after you leave. (1)

3. So long. I'd like to get away from this job too. The boss is a hard man. (0)

4. I guess you know I like you and wish you weren't going. I probably would prefer that you stay, if you asked me, because I guess I'll miss you. (2)

5. I like you and will miss you. You've offered me the friendship and support I've needed in the past and will continue to need in the future. Let's stay in touch. (4)

6. I would not say any of these. I would say:

I. You and several other people are waiting for an elevator in an apartment building, when someone you have seen in passing on three different occasions walks up and makes a comment to no one in particular, almost as if he were talking to himself. This individual says: "Nice day out." Your response is:

1. It is pleasant out. I'm glad to have the chance to meet you. Do you live in this apartment building? (4)
2. I hate the weather. (0)
3. I'm enjoying the weather too. (1)
4. The weather is good. I guess it's nice that we have a minute to talk. (2)
5. The weather is good. I've seen you around here before. It's nice to have a chance to meet. (3)
6. I would not say any of these. I would say:

J. A neighbor has come to your house and has told you that he and his wife argue constantly, that he has been drinking heavily for a year, and that he was drunk for two days last week. Your neighbor says: "I'm very unhappy and not sure what to do." Your response is:

1. I guess you're really upset about your wife. I think you're looking for help. (2)
2. I'd like to help in any way I can. You seem to have a marital and drinking problem and want help. (3)
3. I'm sorry about your problem. Drinking won't make things better for you. (1)
4. I'll help in any way I can. You're saying that you and your wife are unhappy and that you're aware of your drinking problems but aren't sure where to go for help. (4)
5. I'm not the one to talk to. Talk to your wife. (0)
6. I would not say any of these. I would say:
Note. The number in parentheses, following each response, represents the scored value of that response.

Scoring Criteria

The overall criteria for assigning any response choice a particular value from 0 to 4 are as follows:

0 = irrelevant or non-positive response
1 = low positiveness - implied positive comment
2 = moderate positiveness - qualified or apologetic positive comment
3 = good positiveness - direct positive comment
4 = high positiveness - elaborated direct positive comment

The contents reflected by each item (A through J) of the ISS and the 0 to 4 point scoring criteria specific to each test item are as follows:

ITEM

(A) Expressing an interest in talking with other.

0 - Statement rejects contact with other.
1 - Statement is general with no direct reference to the other.
2 - Statement is prefaced with a qualifier, "I want to".
3 - Statement is direct expression of appreciation for contact.
4 - Statement is direct expression of appreciation for contact and includes request for further information about other.

(B) Accepting a compliment.
0 - Compliment is rejected.
1 - Statement is general with no direct reference to the other.
2 - Statement is prefaced with a qualifier, "I guess".
3 - Statement is direct expression of acceptance and appreciation for compliment.
4 - Statement is direct expression of acceptance and appreciation for compliment, includes specification of the compliment, and includes compliment of the other.

(C) Concern for other.
0 - Statement rejects other's problem.
1 - Statement has no direct reference to the other.
2 - Statement is prefaced with a qualifier, "I want to".
3 - Statement recognizes other's distress.
4 - Statement recognizes other's distress and includes offer of assistance.

(D) Expressing positive feelings.
0 - Expression of liking is discounted.
1 - Statement has no direct reference to feelings about other.
2 - Statement apologizes for expression of feelings.
3 - Statement is direct re-affirmation of feelings.
4 - Statement is direct re-affirmation of feelings and includes reference to qualities of other.

(E) Positive self disclosure.
0 - Statement rejects disclosure.
1 - Statement implies positive by rejecting negative
self characteristic.

2 - Statement is prefaced with the qualifier, "I guess".
3 - Statement is direct expression of positive self characteristic.
4 - Statement is direct expression of positive self attribute and includes reference to other.

(F) Offering a compliment.
0 - Statement is not relevant as a compliment.
1 - Statement implies positive by rejecting a negative characteristic in regard to the other.
2 - Statement is qualified with an apology.
3 - Statement is direct expression of positive characteristic of the other and appreciation for characteristic.
4 - Statement is direct expression of positive characteristic of the other, appreciation for characteristic, and desire for repetition of contact.

(G) Effectiveness in initiating a conversation with co-worker.
0 - Comment is negative and terminates contact.
1 - Statement addresses situation more than other.
2 - Statement apologizes for contact.
3 - Statement directly expresses appreciation for contact.
4 - Statement directly expresses appreciation for contact and includes request for further information about the other.
(H) Expressing positive feelings.

0 - Statement is negative in tone and is irrelevant.
1 - Statement contains no direct reference to liking of other.
2 - Statements are prefaced by qualifier, "I guess" and "I probably would".
3 - Statement is direct expression of appreciation and liking.
4 - Statement is direct expression of liking with further specification of reasons for positive feelings.

(I) Effectiveness in initiating a conversation with a person not spoken to before.

0 - Statement is negative in tone.
1 - Statement includes no direct reference to other.
2 - Statement contains the qualifier, "I guess".
3 - Statement is direct expression of appreciation for contact.
4 - Statement is direct expression of appreciation for contact and includes a request for further information about other.

(J) Restating or reflecting other's comments.

0 - Statement rejects conversation.
1 - Statement only implies the speaker was heard.
2 - Statement is prefaced by a qualifier, "I guess".
3 - Statement briefly restates speaker's message in general.
4 - Statement restates speaker's message more
specifically.
# Appendix D

## Behavior Checklist

<table>
<thead>
<tr>
<th>Subject Begins Talking</th>
<th>Other Begins Talking</th>
<th>Subject Talking</th>
<th>Other Talking</th>
<th>Playing Game</th>
<th>Faces Other</th>
<th>Sillies</th>
<th>Within 3 Feet</th>
<th>Friendly Touching</th>
<th>Yellow</th>
<th>Active / Solitary</th>
<th>Inactive / Solitary</th>
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## Appendix D

### Behavior Checklist

<table>
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<tr>
<th>Item</th>
<th>6</th>
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<td>Inactive &amp; Solitary</td>
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Appendix E

FOLLOW-UP REPORT

1. How many alcoholic drinks have you had since leaving the hospital?
   a.) 0
   b.) 1 to 3
   c.) 4 to 6
   d.) over 6

2. How many times have you gone to a bar just to socialize since leaving the hospital?
   a.) 0
   b.) 1 to 3
   c.) 4 to 6
   d.) over 6

3. How many people are there, in your circle of acquaintances, who help and encourage you not to drink?*
   a.) 0
   b.) 1 to 3
   c.) 4 to 6
   d.) over 6

4. How many people are there, in your circle of acquaintances, who do not help or encourage you to maintain sobriety?
   a.) 0
   b.) 1 to 3
   c.) 4 to 6
   d.) over 6
5. How many people have you met who are non-drinkers?*
   a.) 0
   b.) 1 to 3
   c.) 4 to 6
   d.) over 6

6. How often do you see and talk to these people who are non-drinkers?
   a.) daily
   b.) 4 to 6 days a week
   c.) 1 to 3 days a week
   d.) don't usually see them every week

7. How many new people have you met who drink only rarely (for example, people who have less than 10 drinks a year)?*
   a.) 0
   b.) 1 to 3
   c.) 4 to 6
   d.) over 6

8. How often do you see and talk to these light drinkers?
   a.) daily
   b.) 4 to 6 days a week
   c.) 1 to 3 days a week
   d.) don't usually see them every week

9. How many hours per day do you spend alone?
   a.) 0 to 1
   b.) 2 to 3
   c.) 4 to 6
   d.) over 6
10. How many hours of your leisure time do you spend with others where no alcohol is involved (hours per day).AP
a. 0 to 1
b. 2 to 3
c. 4 to 6
d. over 6
11. Are you active now in any of the following activities? Check off those activities in which you participate.
   church group _____
   volunteer organization _____
   social club _____
   athletic team _____
   other (please specify) ________________________________
12. Do any of these involve heavy drinking among the participants? If yes, how many?
   a. 0
   b. 1 to 2
   c. 3 to 4
   d. over 4
13. Have you ever been involved in the past in any of the following activities? Check those activities in which you participate.
   church group _____
   volunteer organization _____
   social club _____
   athletic team _____
   other (please specify) ________________________________
14. Did you stop any of these when you were drinking? If yes, how many?
   a.) 0
   b.) 1 to 2
   c.) 3 to 4
   d.) over 4

15. How valuable do you feel the VA program was for you?*
   a.) not valuable
   b.) of only a little value
   c.) moderately valuable
   d.) very valuable

Note. Scoring for statistical computation was as follows (except where marked by an asterisk which signifies this scoring system was reversed): a=4, b=3, c=2, d=1. Scoring for questions 11 and 13 were based on absolute number of social activities identified by the respondent.
Authorization By Subject for Participation in Psychological Investigation Conducted Under the Direction of the Department of Psychology, Louisiana State University, and the Veterans Administration Medical Center, New Orleans, La.

I understand that I have been asked to participate in the research project *Friendship Skills Training in an Inpatient Alcoholic Population*, which is designed to investigate social skills involved in relating to others in a positive and friendly manner. I understand that my participation will involve the following:

a) completing several questionnaires regarding interpersonal behaviors (total time involved in completing these measures is approximately one hour)

b) possible direct training in social skills

c) being contacted, in a manner of my choosing, three months following discharge, to obtain information on how I am doing.

I understand that any data collected in this study will not be used in any way which will identify me. I understand that when the data collected has no further scientific value, it will be destroyed.
I understand that the results of this investigation will be available to me upon request. I authorize release of information from this study, to those agencies designated by the principal investigator and/or the granting agency.

In case of any adverse effect or physical injury resulting from this study eligible veterans are entitled to medical care and treatment. Compensation may be payable under 38 USC 351 or in some circumstances under the Federal Tort Claims Act. Non-eligible veterans or non-veterans are entitled only to medical emergency care and treatment on a humanitarian basis. Compensation would be limited to situations involving negligence and would be controlled by the provisions of the Federal Tort Claims Act.

I understand that if I have any questions regarding this study or this form, they will be answered so that I satisfactorily and completely understand. I also understand that I may withdraw from this study at any time.

I have read and understand this information stated above and I sign this consent form willingly.

SIGNATURE ______________________________ DATE _____________________

WITNESSED BY ___________________________ DATE _____________________

I am unable to read but this consent form has been read and explained to me by ___________________________. I understand the information stated above and I willingly sign this consent form.

SIGNATURE ______________________________ DATE _____________________

WITNESSED BY ___________________________ DATE _____________________
Appendix G
PERSONAL DATA SHEET

Name__________________________________

Age___________________________________

Race__________________________________

Highest level of education achieved_____________________

Marital status (circle one): Single Married Divorced
Widowed

Employment status upon entering the VA (circle one):
Employed Unemployed

Duration of problem drinking _______ years ________ months
Appendix H

ASSERTIVENESS TRAINING

Session I

Assertive, aggressive, and nonassertive behaviors are differentiated. Each of these three types of behaviors are discussed in relation to the actor's feelings about himself, the receiver's feelings about the actor, and the receiver's feelings about himself. Subjects view a 30 minute film which models the three types of behavior which might be displayed in interpersonal conflict situations.

Session II

The basic tenets of Assertive Philosophy are discussed. These can be summarized as proposing that standing up for one's rights and expressing one's negative feelings is of benefit both to the individual himself and to those with whom he interacts.

Ten popular irrational beliefs are discussed and more rational ones described (Ellis & Harper, 1975). Subjects are asked to complete a questionnaire which is designed to help them identify irrational beliefs that might interfere with assertiveness. The subjects, as a group, participate in refuting their own, and other's, irrational beliefs.

Session III

Techniques for increasing assertiveness are discussed. The Broken Record is a technique of stating what you want over and over again in the same tone of voice. The use of "I" talk involves deliberately using the pronoun "I" as much
as possible in voicing one's feelings or demands. Thought Stoppage is used as a technique to eliminate negative self statements that may interfere with standing up for one's rights. The therapist models each technique. Subjects are then given the opportunity to practice each in role play.

Session IV

A fourth technique for increasing assertiveness is described. This procedure involves:

1. Describing the specific behavior that is objected to.
2. Expressing one's own feeling.
3. Specifying what behavior is desired of the other.
4. Stating the positive consequences for that person if he complies with one's demands.

The procedure is first modeled by the therapist. Then subjects as a group solve several example problems using the technique. Finally, subjects write down interpersonal problems they have experienced and how they could be solved using this procedure. These latter problems and solutions are presented to the group for feedback.

Session V

Subjects individually rate a list of 15 statements as assertive or aggressive. These are then discussed in group. The relationship between unexpressed anger and resentment and alcohol abuse is discussed. Appropriate and inappropriate expression of anger are differentiated.
Appendix I
FRIENDSHIP TREATMENT
SESSION I

I. DIDACTIC PRESENTATION WITH SUBJECT COMMENTS ENCOURAGED

The ability to make friends will be discussed as a skill which can be learned rather than a talent which is present at birth. Subjects will be told to use these sessions to: (a) sharpen those skills they already have, (b) develop skills that are lacking, (c) learn ways to strengthen and enhance the quality of their friendships.

Subjects will be asked to help generate a definition of friendship. In addition to those components identified by the subjects, a final definition of friendship will include the eight criteria (listed in Chapter I) specified by Wright (1978).

Subjects will be asked to offer their views on the advantages of friendships. Discussion of the importance of friendship will include its relationship to the following: (a) stability during stress, (b) depression, (c) recovery from alcoholism and maintenance of abstinence, (d) recovery from physical illness, (e) self esteem, (f) feelings of alienation, and (g) sounding board for testing out ideas.

Difficulty in making friends will be discussed in relation to the following: (a) lack of skills, (b) social anxiety, (c) self-defeating attitudes, and (d) shyness.

Subjects will be asked to identify characteristics they have noted in the friendly, unfriendly, and neutral
personality. As subjects generate ideas, these will be listed on a blackboard. The major differentiating focus of this list comparing the different personalities will be organized according to the extent to which such characteristics are rewarding to others with whom one interacts.

The first four chapters in the book *Friendship: How to Make & Keep Friends* (Dawley, 1980) will be used as a guide to session content.

II. TYPE OF PRACTICE REQUIRED OF SUBJECTS

1. The purpose of this exercise is to increase subject's awareness of his friendly and unfriendly characteristics. No outcome measures will be obtained.

   Subjects will be required to generate a list of personal friendly and unfriendly characteristics. This task will be presented to them by the trainer saying: "I would like you now to list on your paper, five of your friendly characteristics and five of your unfriendly characteristics, in order to get a clearer picture of yourself."

2. The purpose of this exercise is to increase subject's awareness of how others see him. No outcome measures will be obtained.

   Subjects will be required to present their self assessment to the group for feedback. This task will be presented to them by the trainer saying: "I would like us now to go over these self statements and find out if others in the group see us in the same way we see ourselves. Who's
brave enough to start?"

HOMEWORK: Read chapter 5 and pages 57 to 69 of the assigned book Friendship: How to Make & Keep Friends.

III. GOALS

Session I seeks to achieve three goals which are described below. These goals will be achieved through subjects' reading specific sections of the assigned book prior to the session, through lecture and discussion, and through practice exercises for one goal.

The first goal is to give subjects a general orientation to the topic of friendship. This will be achieved through reading Chapter 1 and 3 of the assigned book, through discussion of friendship ability as a skill, through discussion of factors which make friendship-making difficult, and through generating a definition of friendship. There is no specific change in verbal or motor behavior which is expected to result from achievement of this goal. No measurement of the achievement of this goal will be obtained.

The second goal is to increase subject interest in and effort toward making friends. This means subjects will be aware of what friendships have to offer them and will actively seek increased contact with others. This will be achieved through reading Chapter 2, and through a discussion of the advantages of friendship. Achievement of this goal will be measured by increased post-test score on the FPI due to the contribution of items 6, 11, 15, 17, 20, and 25, on
the FC due to the contribution of items 7, 9, 23, 30, 32, and 37, and on increased score on items 1 and 2 of the BC. Goal achievement will also be assessed by higher ratings on items 5, 6, 7, 8, 9, 10, and 11 of the FUR.

The third goal is to increase subject's awareness of the extent to which he is rewarding to others and the areas he may need to focus on during the following sessions. This will be achieved through reading Chapters 3 and 4, and through a discussion of characteristics of the friendly, unfriendly, and neutral personality. Two practice exercises are included. Subjects will first write down what they see as their friendly and unfriendly characteristics and will later receive feedback from the group on the other's perception of the subject's characteristics. There is no specific change in positiveness of verbal or motor behavior which is expected to result from achievement of this goal. This portion of the session is included as a means of increasing subject's interest and attention to the material which will be presented in the following sessions. No direct measure of change in subject's level of self awareness will be obtained.

SESSION II

I. DIDACTIC PRESENTATION WITH SUBJECT COMMENTS ENCOURAGED

The following general areas will be discussed as helpful in learning to make friends: (a) having faith in one's ability to change, (b) relaxation in situations which might elicit social anxiety, (c) observation and modeling of
others who are friendly, (d) importance of practicing a skill, and (e) looking at one's self from the other's perspective. Chapter 5 of the assigned book will be used as the basis of this discussion.

Rule 1, Like Yourself, will be discussed. Self doubt and self dislike will be discussed as a barrier to reaching out to others. This in turn may lead to further loneliness and increase feelings of inadequacy. Positive and negative self talk will be described. Pages 58 to 61 of the assigned book will be used as the basis for this discussion.

Rule 2, Reach Out To Others, will be discussed. This involves greeting talk (for example, a simple "hello"), starting conversations (initial emphasis is on simply initiating the conversation rather than a focus on content), and small talk. Within this discussion, subjects and trainers will generate some ideas for "emergency ice breakers", or opening statements, that could be used to help begin a conversation. These will be listed on a blackboard. Pages 61 to 69 of the assigned book, will be used as the basis for this discussion.

II. TYPE OF PRACTICE REQUIRED OF SUBJECTS

1. The purpose of this exercise is to decrease or control social anxiety which may hinder later practice exercises. No outcome measure will be obtained.

Subjects will be required to practice deep abdominal breathing relaxation exercise. This task will be presented to them by the trainer saying: "Deep abdominal breathing is
useful in reducing anxiety in social situations. I would like us to practice this now. The chest should be relaxed. The diaphragm moves downward on breathing in and the stomach will move outward. Close your eyes and practice deep abdominal breathing for about 15 cycles. The pace should be slow, don't rush. Before opening your eyes, notice any change in your mental state."

2. The purpose of this exercise is to increase social self confidence. This will be assessed by the FPI and FC. Behavioral effects are expected to be increased initiation of conversation, increased greeting behavior, and increased physical closeness as measured by the BC.

Subjects will be required to identify negative self statements which occur in different social situations and to generate positive self statements for these situations. This task will be presented to them by the trainer saying: "I've modeled an example of changing negative self statements to positive self talk. Now you tell me some negative self talk you've engaged in on a (job interview). What positive statements could be made instead?" (Other situations to be dealt with are - at a party, meeting new persons, asking for a date, inviting a friend somewhere, joining a social organization).

3. The purpose of this exercise is to provide positive experience in initiating conversations, decrease social anxiety, and increase frequency of initiation of conversations. This will be assessed by the FPI, FC and
FUR. Behavioral effects are expected to be increased initiation of conversation, increased maintenance of conversation, and increased greeting behavior as measured by the BC. Increased positiveness in verbal content in initiating conversation will be partially assessed by the ISS.

The subject will be required to role play initiating a conversation. This will be presented to them by the trainer saying: "We're going to use our imagination for a few minutes. I would like you to pair off with a neighbor. Pretend that you are strangers who are sitting next to each other for some reason. For example, maybe you're in a doctor's waiting room. Then initiate a conversation with that person. You'll have three minutes. Decide which one of you will be the initiator this time. After three minutes we'll switch and your partner will be the initiator."

HOMEWORK: Initiate conversation with two people not spoken to before and read pages 69 to 88 in the assigned Friendship book.

III. GOALS

Session II seeks to achieve three goals which are described below. These goals will be achieved through subjects' reading specific sections of the assigned book prior to the session, through lecture and discussion, and through practice exercises.

The first goal of the session is to alert the subject to factors which will aid in the learning process. This
will be achieved through reading Chapter 5 and through discussion of the beliefs one can change, the importance of practicing a skill, relaxation during practice, observation and modeling of friendly others, and looking at one's self from the other's perspective. In practice exercise number 1, subjects will be given instruction in and practice of deep abdominal breathing as a means of relaxation. There is no specific change in positiveness of verbal or observed motor behavior which is expected to occur as a result of achievement of this goal. It is expected that this part of the training will aid in the effectiveness of other aspects of the training. No direct measurement of achievement of this goal will be obtained.

The second goal is to increase subject's perception of himself as a person with whom others would like to interact. To achieve this goal subjects will read pages 57 to 61 of the assigned book, and will discuss self doubt and negative self talk as a barrier to social interaction. A practice exercise (number 2) is included in which subjects identify automatic negative self talk that occurs in a variety of social situations, and formulate positive self statements which can be substituted for such negative self statements. Achievement of this goal is expected to result in an increase in positiveness of covert verbal behavior. That is, as a result of the training the subject will evaluate himself as a person with whom others would enjoy interacting. Achievement of this goal will be measured by
increased post-test scores on the FC due to the contribution of item 44, and on the FPI due to the contribution of items 4, 23, and 28. It is further expected that goal achievement will be reflected in increased positiveness of overt behavior as measured by higher post-test score on items 1, 2, 8, and 9 of the BC.

The third goal is to increase frequency of initial contact with others. This goal will be achieved through reading pages 61 to 69 of the assigned book; through discussion of the importance of, and means of, greeting others, starting conversations, and engaging in small talk; through a role play practice exercise (number 3) of initiating conversation; and through a homework assignment of initiating two conversations. As a result of this training the subject is expected to increase number of conversations initiated, increase verbal greetings, increase time spent in social contact, and increase number of acquaintances. Achievement of this goal will be measured by increased post-test score on the FPI due to the contribution of items 12 and 27, on the FC due to items 7, 8, 9, 19, 23, 31, and 37, and on increased score of items 1, 2, 4, and 5, of the BC. Goal achievement will also be assessed by higher ratings on items 5 and 7 of the FUR as compared with control group scores. It is further expected that subjects will increase verbal content effectiveness in the beginning stages of a conversation. That is, as a result of training, the subject is expected to engage in small talk which
expresses an appreciation for the budding conversation or seeks information about the other. Changes in the quality of positiveness of verbal content during conversation can not be directly or behaviorally addressed by this study. Partial assessment of content will be determined by increased post-test scores on the ISS (which indicates how the subject expects himself to respond in a particular situation) due to the contribution of items 1, 7, and 9.

SESSION III

I. DIDACTIC PRESENTATION WITH SUBJECT COMMENTS ENCOURAGED

Discussion of Rule 3, Making Contact, or "being where the action is", will take place. Along with subject comments, the following areas will be covered: physical accessibility to others, co-workers and neighbors as sources of friends, social clubs and parties as points of contact. Pages 69 to 77 of the assigned book will be used as a basis for this discussion.

Rule 4, Be Pleasant, will be discussed. The importance of being rewarding to others will be emphasized. Suggestions on giving and receiving compliments include: (a) be genuine, (b) practice observing others and identifying several things that they could be complimented about, and (c) gracefully accept a compliment. Verbal expression of positive feelings towards others will be discussed. Nonverbal cues of liking such as, smiling, body orientation, and friendly touching will also be discussed, but the major focus of this discussion concerns verbal
content. Pages 77 to 88 will be used as the basis for this discussion.

II. TYPE OF PRACTICE REQUIRED OF SUBJECTS

1. The purpose of this exercise is to increase subject awareness of and commitment to several options for increased social contact. This will be assessed by the FC and FUR.

   Subject will be required to generate a list of options for social contact and estimate how often they will use these. This will be presented to them by the trainer saying: "On your paper list some places you might go, or activities you might enjoy, that will help you to make contact with others. Also, indicate how frequently you'll go to these places or spend time in these activities. You'll have about ten minutes for this."

2. The purpose of this exercise is to increase subject rewardingness to others through complimenting behavior. This will be assessed by the FPI and FC. Behavioral effects are expected to be increased smiling, increased friendly touching, increased facing of the other, increased physical closeness, increased initiation of conversation by the other, and increased maintained contact as assessed by the BC. Verbal content will be partially assessed by the ISS.

   Subjects will be required to give and receive compliments. This will be presented to them by the trainer saying: "Pair off with a neighbor. We're going to practice giving and receiving compliments. Decide which of you will be the 'giver' first. After three minutes we'll switch
roles. Remember to look at the other person. Let the other person see your pleasure or appreciation in your smile. For practice purposes, make your compliment based on something about your partner rather than how you feel about him."

3. The purpose of this exercise is to increase subject rewardingness to others through expression of liking for the other. This will be assessed by the FPI and FC. Behavioral effects are expected to be increased smiling, increased touching, increased facing of the other, increased physical closeness, increased initiation of conversation by the other, and increased maintenance of contact as assessed by the BC. Verbal content will be partially assessed by the ISS.

Subjects will be required to express feelings of liking toward another. This will be presented to them by the trainer saying: "Pair off with a different neighbor this time. We're going to practice expressing our own positive feelings about others. That is, telling another person how much you like him or enjoy being with him. You may pretend that your partner is someone else if you like. Choose which one will go first. You have three minutes. After that we'll switch and your partner will have a three minute turn."

HOMEWORK: Give a compliment to at least three different people not in this class and read pages 88 to 103 in the Friendship book.

III. GOALS
Session III seeks to achieve two goals which are described below. These goals will be achieved through subjects' reading specific sections of the assigned work book prior to the session, through lecture and discussion, and through practice exercises.

The first goal of this session is to increase knowledge of and use of different options for social contact which are not oriented around alcohol. This means, places where the subject can interact with others, other than a bar. To achieve this goal subjects will read pages 69 to 77 of the assigned book and will discuss possible alternative sources for social interaction. In practice number 1, subjects will make a list of the options they would like to try and how frequently they would be willing to use these options. As a result of this training, subjects are expected to increase time spent with others and expand types of activities where social interaction can occur. Achievement of this goal will be measured by increased post-test scores on the FC due to the contribution of items 9, 30, 32, and 37. Goal achievement will also be indicated by higher ratings on item 2, 11, and 12 on the FUR as compared with control group ratings.

The second goal is to increase the extent to which the subject behaves in a manner which is rewarding to others. This means increasing the frequency and quality of compliments offered to others, and using verbal and non-verbal cues expressing appreciation to others who have
offered a compliment. It also involves verbally and non-verbally expressing positive feelings toward others. This goal will be achieved through reading pages 77 to 88; through discussion of ways to improve giving and receiving compliments, and discussion of expression of positive feelings; through two practice exercises; and finally by the homework assignment of giving three compliments. In practice exercise number 2, the subject will both give and receive compliments. In practice exercise number 3, the subject will have an opportunity to express positive feelings toward his partner. As a result of this training, subjects are expected to increase maintenance of contact and the non-verbal behaviors of smiling, facing the other in close physical proximity, and friendly touching. Achievement of this goal will be indicated by increased post-test score on items 4, 5, 7, 8, 9, and 10 of the BC, and by increased score on the FC due to the contribution of item 48. It is expected that as a result of this training, speech content will be altered such that the quality of genuineness and appreciation would be present in a compliment given by a subject and that the subject would express appreciation and acceptance when receiving a compliment. It is also expected that speech content would include expressions of liking and respect for others. Genuineness will not be assessed in this study, nor will the frequency of a particular type of statement be directly measured. Achievement of this goal will be partially
assessed by increased post-test scores on the ISS (which indicates level of positiveness the subject expects himself to offer in a particular situation) due to the contribution of items 2, 4, 6, and 8. A further index of goal achievement will be assessed by increased post-test scores on the FC due to the contribution of items 11, 17, and 39, and on the FPI due to items 2 and 10. These items are reflective of both quality and frequency of verbal content. Finally it is expected that an increase in subject rewardingness to others may be reflected in an increase in the frequency with which others initiate a conversation with the subject. Achievement of this goal will be assessed by increased score on item 3 of the BC.

SESSION IV

I. DIDACTIC PRESENTATION WITH SUBJECT COMMENTS ENCOURAGED

Rule 5, Getting to Know Others, will be discussed. Simple steps in active listening include eye contact, facing the other, physical proximity, facial expression responsiveness, restating or reflecting what the other has said, and asking appropriate questions. Pages 88 to 95 of the assigned work book will be used as the basis of this discussion.

Rule 6, Let Others Know You Through Self Disclosure, will be discussed. Advantages of self disclosure will be discussed in terms of self and other's reassurance that one's feelings are not unique. Reasons for, and results of, low self disclosure will be discussed. Specific skills used
in developing appropriate self disclosure include: (a) monitoring the level of disclosure, (b) matching the other's disclosure level, (c) prior preparation of personal material that may be shared. Pages 95 to 103 of the assigned book will be used as the basis of this discussion.

II. TYPE OF PRACTICE REQUIRED BY SUBJECTS

1. The purpose of this exercise is to increase awareness of, and use of, verbal and non-verbal cues which indicate active listening (interest and attention). This will be assessed by the FC. Behavioral effects are expected to be increased maintenance of talking by the other, increased facing of the other, increased smiling, and increased physical closeness as assessed by the BC. Increased positiveness of verbal content in restating what the other has said, will be partially assessed by the ISS.

Subjects will be required to use, then discontinue, cues of interest and attention. This task will be presented to them by the trainer saying: "Pair off with a neighbor and choose one of you to be the speaker and one to be the listener. The speaker can talk about anything. You'll have five minutes. For half of that time I'd like the listener to use both verbal and non-verbal cues of interest we've talked about. To test the power of these cues, half way through, switch off those cues and take notice of any changes in the conversation and how you feel. After five minutes, the listener will have a turn as the speaker and we'll repeat the process."
2. The purpose of this exercise is to increase awareness of deficits in level of self disclosure. No outcome measure will be obtained.

Subjects will be required to complete a self disclosure scale. This will be presented to them by the trainer saying: "I'd like you to complete this short self disclosure scale. (Found on page 99 of the assigned book). When you're finished we'll talk about the questions."

3. The purpose of this exercise is to generate self disclosing statements which the subject will have available to use at a later time should he choose to do so. No outcome measure will be obtained.

Subjects will be required to list on a piece of paper five negative and five positive self disclosing statements. This will be presented to them by the trainer saying: "Make a list of at least five positive and five negative things about yourself that you wouldn't mind disclosing to a friend. Do this as quickly as possible."

4. The purpose of this exercise is to increase frequency of self disclosing statements. This will be assessed by the FC and FPI. Self disclosure in verbal content of speech will be partially assessed by the ISS.

Subjects will be required to alternate with a partner in verbalizing positive and negative self disclosure statements. This will be presented to them by the trainer saying: "Pair off with a neighbor. For the next three minutes take turns self disclosing something you feel is
positive about you. First you make a positive self disclosure, then your partner makes a disclosure, then you, and so on. Remember to actively listen to your partner."

"Now for the next three minutes, take turns making negative self disclosures."

HOMEWORK: Practice using some of the items on your self disclosure list with several people on the ward and read pages 103 to 118 in the Friendship book.

III. GOALS

Session IV seeks to achieve two goals which are described below. These goals will be achieved through subject's reading of specific sections of the assigned book prior to the session, through lecture and discussion, and through practice exercises.

The first goal of this session is to increase verbal and non-verbal signals which will indicate to the other that the subject is actively listening (interested and attentive). Such cues include eye contact, facing the other in close physical proximity, reflecting statements made by the other, and asking questions. This will be achieved by subjects' reading pages 88 to 95, by discussion of cues of interest, and by a practice exercise (number 1) involving the use or disuse of these cues. As a result of training it is expected that subjects will increase facial and body responsiveness (smiling, raised eye brows, hand movements), increase eye contact, increase physical closeness to the other, and will face the other in interaction. It is
further expected that others will increase duration of speaking when in conversation with the subject. Achievement of this goal will be assessed by increased post-test scores on the FC due to the contribution of items 13, 20, 21, and 29, and by increased scores on items 5, 7, 8, and 9 of the BC. As a result of training, verbal content is expected to show increase in number and quality of relevant questions directed to the other's statement and an increase in statements which reflect or summarize the information offered by the other. Again, the appropriateness of the subject's verbal content responses are important but will not be directly assessed in this study. A partial assessment will be achieved by increased post-test score on the ISS, due to the extent to which a subject chooses a statement which is more or less reflective of a stimulus expression offered by the other on item 10.

The second goal is to increase subject self disclosure. This means, revealing true feelings and beliefs as opposed to presenting a false facade. This goal will be achieved through subjects' reading pages 95 to 103; through discussion of the advantages of self disclosure, and suggestions which are helpful to developing appropriate self disclosure; through three practice exercises; and through homework of engaging in self disclosure. All three practice exercises are sequentially aimed at increasing self disclosure in the following manner: (a) Practice exercise number 2 seeks to increase awareness of deficits in current
(b) Practice exercise number 3 seeks to increase the cognitive availability of self-disclosure statements that the subject might use in social interaction. (c) Practice exercise number 4 seeks to give the subject direct positive experience in self-disclosure which may lessen the anxiety with which it may sometimes be accompanied. It is expected that as a result of training the frequency and quality of self-disclosure statements will increase. This will not be directly or behaviorally observed. Achievement of increased self-disclosure will be reflected in higher post-test scores on the FC due to the contribution of items 22, 43, 46, 47, and 50; on the FPI due to items 10, 13, and 28; and on the ISS due to items 5 and 8.

SESSION V

I. DIDACTIC PRESENTATION WITH SUBJECT COMMENTS ENCOURAGED

Rule 7, Communicate Effectively, will be discussed. Discussion will include factors which interfere with clear communication, such as anxiety, anger, resentment, and non-active listening. Misunderstanding and confusion, as a detriment to a flourishing relationship, will be discussed. Skills helpful to clear communication include: (a) relaxation, (b) accuracy in language, (c) honest expression of feelings, (d) keeping to the topic, (e) brief statements, (f) asking questions, and (g) monitoring loudness of speech. Pages 103 to 109 of the assigned book will be used as the
Rule 8, Handling Conflict Constructively, will be discussed. Skills involved include: (a) allowing the other to talk out his feelings, (b) recognition of the other's point of view, (c) avoiding hostile emotional terms and excessively loud speech volume, (d) standing up for one's rights while respecting the rights of others, and (e) admitting mistakes and apologizing. Pages 109 to 117 will be used as the basis of this discussion.

A brief review of points covered over the five sessions will be made. Subjects will be encouraged to apply the skills learned in developing abstinence supportive relationships.

II. TYPE OF PRACTICE REQUIRED OF SUBJECTS

1. The purpose of this exercise is to increase subject's awareness of the difference between what is said and what is heard. That is, his awareness of misunderstanding is increased. No outcome measures will be obtained.

One subject will be asked to volunteer to report a personal event to the group. The group will then be required to report back what they have heard. This will be presented to them by the trainer saying: "I'd like one brave volunteer to tell the group about some pleasant or unpleasant event which occurred to him over the past few weeks."

"Now I'd like the group to tell our volunteer what they heard him say."
2. The purpose of this exercise is to increase use of skills related to clear communication. This will be assessed by the FC. Behaviorally, it is expected that subjects will decrease the frequency with which they speak in an excessively loud voice as measured by the BC.

Subjects will be required to describe some event which has occurred to them and to reflect back to their partner what they heard their partner say in his description of an event. This will be presented to them by the trainer saying: "Pair off with a neighbor. One partner will tell about some pleasant or unpleasant event which has occurred to him over the last few weeks. After that, let your partner reflect back to you what he has heard. Keep in mind the points we have covered on clear communication. You'll have six minutes. Then we'll switch so your partner can tell his story and you will reflect back what you heard."

3. The purpose of this exercise is to practice and increase the use of those skills which allow conflict to be handled constructively ("a" through "e" under Rule 8). This will be assessed by the FC and FPI. Behaviorally, it is expected that subjects will decrease the frequency with which they speak in an excessively loud tone of voice. Verbal content expressing concern for others or reflecting statements will be partially assessed through the ISS.

Subjects will be required to role play handling a conflict situation. This task will be presented to them by the trainer saying: "Pair off with your neighbor. For the
purpose of this exercise, pretend you have done something to upset your partner. Let your partner tell you his side of the issue. Your partner is going to be upset and angry. Try to handle this conflict keeping in mind the points we have gone over. You'll have six minutes."

"Now I'd like some feedback from the 'angry' partner. Did you feel your partner saw your point of view, allowed you to express your feelings, avoided hostile terms, or was willing to apologize for a mistake?"

"This time we'll reverse roles. The previously 'angry' partner now has a chance to handle a pretend conflict situation. You'll have six minutes again."

"Now I'd like some feedback from the 'angry' partner. How well did your partner handle this conflict?"

III. GOALS

Session V seeks to achieve three goals which are described below. These goals will be achieved through subjects' reading of specific sections of the assigned book prior to the session, through lecture and discussion, and through practice exercises.

The first goal of this session is to increase the subject's ability to clearly communicate with others. This means, accuracy of expression (avoiding exaggerations), stating feelings or beliefs honestly, focusing on the topic at hand, utilizing brevity in statements, asking questions when the other is not clear, and utilizing ordinary speech volume. To achieve this goal, subjects will read pages 103
to 109, discuss points mentioned above, and participate in two practice exercises. Practice exercise number 1 is designed to increase subject awareness of the extent to which what others hear is not what the speaker intended. Exercise number 2 is designed to give subjects an opportunity to practice using accurate, honest, and brief to-the-point statements in an ordinary tone of voice, then receive feedback on clarity of communication from their partner. It is expected that as a result of this training subjects will increase the frequency with which statements are worded accurately, are honest expressions of feelings or beliefs, are brief and to-the-point, and are offered in a normal speaking voice. It is further expected that subjects will increase the frequency with which they ask questions of the other when the other has not made himself clear. No direct measure of clarity in verbal content will be assessed. Achievement of increased clarity in communication will be partially assessed by increased post-test score on the FC due to item 16. Behaviorally, achievement of this goal will only be assessed by lower post-test score on item 11 (speech volume) of the BC.

The second goal of this session is to increase the subject's ability to handle conflict in a positive manner. This means, (a) allowing time for the other to express his feelings and asking questions about how the other is feeling, (b) restating and voicing appreciation of the other's feelings and beliefs, (c) using neutral, factual
terms, (d) expressing one's rights, and (e) voicing an apology when needed. This goal will be achieved through reading pages 109 to 118, through discussion of points mentioned above, and through a practice exercise. In practice exercise number 3, subjects will role play a conflict situation and apply the strategies that were discussed. The subject will receive feedback from his partner on the extent to which the conflict was handled in a positive manner. It is expected that as a result of training, content of verbal response during interpersonal conflict will be altered toward this positive direction. No direct measure of verbal content will be assessed in this study. Achievement of expressing concern for the other and restating or reflecting what is heard will be measured by higher post-test scores on the FPI due to the contribution of item 9, on the FC due to items 1, 2, 3, 5, 6, and 51, and on the ISS due to items 3 and 10. Behaviorally, it is expected that subjects will decrease the use of excessively loud speech volume. This will be assessed by decreased post-test score on item 11 of the BC.

The third goal of this session is to review briefly topics discussed over the five sessions and encourage the subjects to apply these skills in building an abstinence supportive friendship network. As a result of this training it is expected that subjects will increase contact with others who are supportive of sobriety. The effectiveness of this training will lastly be assessed through higher ratings
on items 1, 2, 3, 4, 5, 6, 7, 8, and 10 of the FUR as compared to untrained control subjects.
Vita

Elaine Janis Salzer was born on July 20, 1946 in New Orleans, Louisiana. She received her Bachelor of Arts degree in Psychology from the University of New Orleans in 1970 and Master of Science degree in Psychology from the University of New Orleans in 1978. Since the fall of 1978, she has been enrolled in the Doctoral Program in Clinical Psychology at Louisiana State University. Internship requirements were fulfilled at the Veterans Administration Medical Center in New Orleans from September 1980 to September 1981. Upon completion of dissertation requirements she will be a candidate for the degree of Doctor of Philosophy at the May 1983 commencement.
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Major Field: Psychology

Title of Thesis: Effects of Friendship Skills Training in an Inpatient Alcoholic Population

Approved:

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Major Professor and Chairman

Dean of the Graduate School

EXAMINING COMMITTEE:

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