



This lesson is designed to maximize patient engagement and talk time. The focus tasks, small-group sizes, collaborative objectives, and individual work assignments are included strategically to meet this purpose. The timing, number of sessions, and room makeup may be adjusted according to need.

Assertive Communication

(This lesson is a continuation of Setting Boundaries)

Assertive communication is considered a core communication skill built on mutual respect, respect for yourself because you're willing to communicate your physical or emotional needs clearly, and respect for others because the simple act of sharing those needs is an attempt to solve a problem or improve a situation. Assertive communication supports recovery because the individual clearly expresses their wants and needs without infringing on others, leading to improved relationships and a greater sense of control over life; it also reduces stress, a common trigger for use.

Session Objective:

By the end of this session, participants will be able to answer the following questions: “How do I communicate my boundaries in a way that makes it most likely the other person will be receptive and supportive?” and, “In the event they aren't receptive and supportive, how do I handle the conversation?”

Delivery Time: 60 Minutes

Materials: Notebook paper, writing materials, clipboards (if no desks/tables are available), Communication Style Assessment PDF (1 copy per participant), My Boundaries and Communication Plan PDF (1 copy per participant),

Set-up:

1. If possible, set chairs and desks in a semicircle. If no desks are available, distribute clipboards so participants have a sturdy, portable means of taking notes and completing tasks.
2. If a whiteboard or projector is available, write the session objective.

Procedure:

1. **Session Objective** – Read the session objective aloud.
2. **Introduction (10 minutes)** – In the previous session, we discussed the importance of healthy boundaries. Today, we will be discussing how to communicate those boundaries. Begin by distributing the Communication Style Assessment PDF. Tell participants that each column contains examples of different communication styles. Have them work with a partner and decide on a name for each communication style and 3 bullet points on what they think is effective or not effective if they were to use that style to communicate about boundaries with someone else.

After a few minutes, bring back the group's focus to discuss each column. For the questions, use a ball, stuffed animal, or another item that indicates it's the holder's turn to talk. After explaining each type of

communication, randomly select a group member to respond to the questions. Toss the item around several times before moving to the following communicative style and repeating the process.

- What type of communication do you think this column represents?
- Is this type of communicative style conducive to successful recovery?
- Why or why not?
- What are some strategies we could implement to move towards assertive communication?

The first column represents passive communication. Passive communicators avoid expressing their needs and wants, leading to anxiety because their life seems out of control, depression because they feel hopeless, and resentment or victimization because their needs are not met; they also have a difficult time saying “no,” which can easily lead to an overwhelming and unmanageable amount of commitments.

The second column represents passive-aggressive communication. In this style, people appear to be cooperative but indirectly act out in anger. This inability to directly deal with the source of frustration leads to resentment and a feeling of powerlessness.

The fourth column represents aggressive communication. Aggressive communicators put their desires above all else and are often verbally or physically abusive; this leads to feelings of isolation, fear about not getting their way, and an overall lack of maturity because "others are always to blame."

- 3. Assertive Communication, Dialogue, and Planning (15 Minutes)** - Now, focus on the third column, which represents assertive communication. In this style, the individual clearly expresses their wants and needs without infringing on others, leading to improved relationships, reduced stress, and a greater sense of control over one's life.

Read the statements and have the group provide three reasons that show the statement is an example of assertive communication (*expresses ideas clearly, is direct and honest, recognizes rights of self and others, promotes independence and personal responsibility, etc.*). After exhausting all assertive statements, have participants consider common or essential themes.

Have group members take out their My Boundaries and Communication Plan PDF from the previous lesson. Applying what they just learned about assertive communication, have everyone complete the second column of their worksheet by filling in the dialogue they plan to use when communicating their boundary. (If the group is familiar with "I" statements, including them in this exercise would be beneficial.)

Once the dialogues are complete, explain that it is critical to have a plan if communications begin to break down as you deliver your boundary expectations to another party; a feeling of rejection or verbal altercation may be triggering. A few techniques you could try if the conversation begins to break down are:

- Pause the conversation
- Repeat the listener's responses and say you understand their perspective before trying again (this often calms people down)
- Recognize when a conversation is getting too emotional. Strong emotions hijack the logical, reasoning areas of our brain. Resolution becomes very difficult in that situation. It's better to recognize it, draw attention to it, then state clearly that you'd like to take a break and discuss the matter again in 5 min, 5 hours, a day, or longer depending on the situation.

An outline of what to do helps reduce the likelihood any negative outcome will result in relapse.

Instruct participants to close their eyes and concentrate on their thinking. What would they do if the situation deteriorated and the receiver was unresponsive or lashed out? What would they do? Where

would they go? Who would they turn to for help? Would it benefit them to think of a second plan, a second support person?

Finally, complete the final column of the My Boundaries and Communication Plan PDF.

- 4. Hot Seat Dialogue (25 minutes)** - If possible, position two chairs facing each other and place the remaining chairs in the form of a semi-circle to ensure the "hot seats" are in view. Assign or request two participants to come up and join the hot seats.

In one seat, an assertive communicator will look to establish boundaries; in the other, a receiver will respond with anger, resistance, instability, etc. Assign or have the two in the hot seats decide who will fill which role first. Please encourage participants not to use their notes as it will force memory retrieval and promote retention.

Have both parties act out their respective roles while the remaining group members jot down at least two things they felt the assertive communicator did well and two pieces of advice for an area they felt had an opportunity for growth. Ask a few volunteers to share their responses before the two in the hot seats switch roles and a new boundary is communicated.

Continue rotating new group members into the hot seat. If you feel the group has a good grasp of recognizing and using assertive communication based on involvement and responses, end the hot seat and turn it into a full room mingle. To do this, divide the room in half and designate one half to be the angry/negative communicator and one to be the assertive. Tell the assertive group that they should choose the topic and give their partner the topic of discussion before engaging in the dialogue. Put participants into pairs, one from each group, and give them 2 minutes to act out their roles (no one should be carrying written dialogues at this point). After 2 minutes, tell them to find a new partner. After 3 rounds, switch roles. Whoever was a negative communicator is now an assertive one and vice versa.. If time remains, participants can use all they learned in a mingle with varying partners, roles, and dialogues.

This activity allows the entire group to walk through and discuss complex, difficult conversations with evident therapist support and feedback after each round.

For practical application, a great follow-up question might be, "Are there any instances where I infringe upon your personal boundaries that I might not know about?" This question could lead to an honest dialogue and an overall improvement in the relationship.

- 5. Group Discussion (10 minutes)** – Bring everyone back together as a group. When individuals were on the receiving end of the communication, what are some things they thought about? What did they think worked or didn't work? Were they assertive enough? Did they doubt a person's ability to stay firm about their limits? Did they have any advice? (*An open group discussion or a ball throw would work well here*)

Ask each participant to respond to the objective questions posed at the beginning of the session as their ticket.

Finally, remind the group to speak up if you feel there may be a threat to your safety when you assert yourself.

- 6. Home Practice:** Complete the My Boundaries and Communication Plan PDF.