

Brief Report: An experimental Analogue of Consultee “Resistance” Effects on the Consultant’s Therapeutic Behavior - A Preliminary Investigation

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This study presents an experimental analogue of resistance in the consultation process. Using an ABAB reversal design, the experimenter measured the ecological effects of teacher resistant behaviors on consultant therapeutic behavior. The study defined therapeutic behaviors as teaching, confronting and problem identification, analysis, and evaluation statements as outlined by Bergan and Kratochwill (1990). In this study, the author instructed one student from a masters program in behavior analysis that this was a study of resistance in the consultation process with teachers. The experimenter instructed the subjects that analysis of the sessions would determine if any resistance occurred and how they managed it. The teacher was a double agent, in the sense that she was working with the experimenter. The study measured subjects’ behavior on therapeutic statements made to the teacher during varying levels of resistant statements made by teachers. The experimenter met with teacher on weekly basis. The experimenter instructed the teacher on the type of session that they were supposed to provide. The experimenter instructed the teachers on when to be resistant and when to be nonresistant in the program. When a stable baseline occurred, the experimenter instructed the teachers to become resistant. The resistance continued for four active sessions. After this phase, the experimenter instructed the teacher to become compliant again for several sessions. When the experimenter observed stability in the data, the experimenter instructed the teacher to become resistant until the end of the study.

Key Words: Resistance, experimental analogue, functional analysis, consultation relationship.

Resistance can be defined as anything that a client or consultee does that impedes progress (Wickstrom & Witt, 1983). What is termed resistance in consultation can have serious implications for treatment integrity (Wickstrom, Jones, LaFleur & Witt, 1998). Resistance to change in verbal therapies and consultation is a phenomenon that has substantial representation (Cautilli & Santilli-Connor, 2000; Patterson & Chamberlain, 1994) with some early representation within the behavioral literature (e.g., DeVoge & Beck, 1978; Skinner, 1957). Resistance appears to interest a broad spectrum of clinicians both behavioral (e.g., Lazurus & Fay, 1982; Munjack, & Oziel, 1978; DeVoge & Beck, 1978) and non-behavioral (e.g., Mandanes, 1981) in orientation.

The Oregon Social Learning Center studied resistance as it occurred in parent training sessions. In one study, Patterson and Forgatch (1985) explored the impact of therapist behavior (the independent variable) on client resistance (dependent variable). These researchers used an ABAB experimental design and observed the resistance displayed by parents in parent training for two conditions. The baseline involved the therapist using verbal behavior to convey “support” or “facilitate” (short statements indicating attention or agreement). In the treatment phase, the behavior of the therapist was to “confront” and “teach.” Resistance was measured by a coding system developed by Patterson and colleagues (Chamberlain, Patterson, Reid, Kavanagh, & Forgatch, 1984) which identified as resistant such behaviors as talking over/interrupting, challenging / confronting, negative attitude, “own agenda,” not tracking as resistant. As was predicted by the model, teaching and confronting led to increases in resistance, while facilitate and support led to decreases in resistance.

In Patterson’s model, resistance serves three main functions: (a) it reduces the amount of confrontation and teaching the consultee receives; (b) it increases the number of sessions needed to bring about therapeutic change; and (c) it reduces the therapists’ “liking” for the consultee. Patterson and Chamberlain (1994) found in cases where the mother’s resistance decreased, greater gains were evident in parental discipline. In addition, regression analysis showed that decreasing “resistance” lead to more

teaching of the parents and, in turn, decreases in future arrests of the child. Thus, through a decade of research, the OSL group has shown that therapist behavior can lead to an increase in client resistance (Chamberlain & Patterson, 1994; Patterson & Forgatch, 1985). This resistance follows a struggle-with-and-work-through pattern (Patterson & Chamberlain, 1994; Stoolmiller et al., 1993). That is, parents become resistant to using the techniques offered by the behavior therapist until they begin to experience the benefit of those techniques in the child's behavior. At the point of the techniques success, the parent's begin to reverse their resistance becoming more compliant. Stoolmiller and colleagues (1993) found that resistance mediates parent training effectiveness in which parents who do not experience a reduction in resistant behaviors acquire less parenting skills. In addition to acquiring fewer skills, these parents' children experience more arrests in the future (Patterson & Chamberlain, 1994).

The current study was a follow-up on the OSL conclusions. The OSL group suggested resistance functions to decrease teaching behaviors on the part of the therapist. This study attempts to give this point further scrutiny by observing whether the same factors occur in the parallel relationship between consultant and consultee. Thus, the conclusion from OSL is that client resistance lessens therapist effectiveness by lessening therapist attempts to engage in effective response classes such as "teaching behavior," "identification and analysis of problems," and "confrontation of the consultee." It is likely that the consultant is terminating therapeutic response classes negatively reinforces resistant behaviors in the consultee. In addition, resistance is a positive punisher to the consultant's therapeutic verbal interventions. This project attempted to assess whether resistance serves the same function in the consulting relationship with the teacher. Thus, the author explored whether the teacher's resistant behaviors serve to lessen the consultants' identifying and analyzing problems, teaching effective solutions and confronting the consultee. It was the authors' hypothesis that teachers engage in resistant behaviors to lessen therapeutic behaviors on the consultants part. Specifically, these behaviors consist of identifying problems, analyzing problems, teaching how to perform interventions and confronting of the consultee.

This study also attempted to provide more direct experimental evidence than offered by statistical analysis and correlation. Direct graphical analysis may be the signs of a more mature science than statistical analysis (Smith, Best, Stubbs, Archibald, Robertson-Nay, 2002). This paper proposed to perform a direct experimental manipulation of consultee's behavior to identify its effects on the behavior of the consultant. Studies that bridge findings from principles studied in basic research to applied areas can have important implications for the process involved in clinical phenomena (Wacker, 2003).

Methods

Participant and setting

One behavior analysis student from a large inner city university served as the participant for this study. Participant was a man and in his later thirties. The participant had some formal training in behavioral consultation, completing a course just prior to study. The consultation sessions occurred on the campus of the University in one of the free classrooms. The author recruited the participant by a flyer, which stated, "This is a study that concerns the dynamics of the consulting process. If interested, please contact..." The subject was paid \$5/session.

Experimenters

The experimenters for the study were the author and an assistant. After each session, the experimenter sent all tapes to Accurate Business Services for transcription. Accurate Business Services transcribed each tape and then the author coded each tape. The author coded all of the transcript interactions with interrater reliability checks performed by the assistant. Through workshops and coursework, the author has had training in behavioral consultation and the consultation coding system.

The assistant had similar training. In addition, the author has taught behavioral consultation for 5 years at two different universities. The assistant was blind to the phases of the study.

Instructions

The author gave the subject the instructions “You are involved in a study of the consulting process. We are especially interested in the dynamic of the consulting relationship.”

The Teacher and process

The experimenter used one woman for the study to serve as the teacher. The teacher was an actual teacher but also be confederates for the study. The experimenter instructed the teacher to discuss a child's behavior in the classroom. The teacher remained compliant for a specified number of sessions. She produced data when asked by the participants to do so. In addition, she completed homework assignments that participant gave her to fill out. After achieving a stable baseline, the teachers became non-compliant with any suggestions for the next four sessions. Several behaviors such as stating, “That will never work” and “This is all crap anyway” in response to suggestions or outright statements of refusal. Another tactic frequently employed was talking over the consultant and speaking about an unrelated topic. All sessions were taped and scored for inter-observer agreement by the experimenter and assistant.

Inter-observer agreement

The experimenter calculated the inter-observer agreement between his coding and the coding of the assistant on one transcript. The experimenter randomly chose two sessions: one baseline phase and one treatment phase for the assistant to score. The experimenter scored agreement scored if both coders score the item the same. The experimenter scored disagreement if the two score differently. Of the 63 statements compared 58 agreed. Using the (equation of agreements / agreements + non-agreements) multiplied by 100, to calculate the percent of agreement. Thus, 92% coding agreement occurred between author and assistant.

Measures

The Consultant Analysis Checklist- All sessions were reviewed and coded for their effectiveness by Bergan's task analyzed scale of consultation verbal behavior - the consultant analysis checklist (CAC). In addition, the number of change statements (i.e., requests or suggestions of interventions that might solve the problem), the experimenter scored as therapeutic statements. The CAC is a task analysis of consultation and gives a specific list of the types of verbal behavior usually required to achieve the purpose of a given consultation interview. The first step in coding with the CAC is to code the number of observations on the transcript of the interview. Because the CAC only codes the verbalization of the consultant, the experimenter coded only those verbalizations and numbered them on the transcript. To code the CAC, one simply enters a line for an utterance beside the appropriate description of the utterance on the list. If a second emission of the verbal behavior occurs in that session, the experimenter coded its line next to the first one and so forth. When an utterance did not correspond to a number on the list, the coder does not code it. Thus, the coding system gave the experimenter a basis for discriminating therapeutic statements from non-therapeutic statements.

Other Codes- In addition to codes on the CAC, the author used codes from previous studies for resistance such as teaching or re-teaching a particular skill and confronting the consultee. These codes allow for a more dynamic and interactive assessment of consultant behavior.

Design

This study used a reversal (A/B/A/B design) designs. The reversal design offered a procedure for investigating the effects of resistant statements by the teacher (as defined above) on therapeutic statements made by the consultant (as defined above). The experimenter compared the behavior participant during the no intervention condition, or baseline condition, to the behaviors during the experimental condition. After an initial baseline, in which the teacher was cooperative the teacher became resistant. After the initial resistance, the experimenter initiated the withdrawal phase. In this phase, teacher returned to being cooperative. After this condition, the experimenter had the teacher reinstate resistant behaviors. In within subject designs, the experimenter considers extraneous influences equally present during the baseline and intervention phases.

Thus, in a reversal design first the experimenter achieves a stable baseline. When this occurs than intervention phases occurs. If the change in behavior is in the predicted direction, than the experimenter has confirmed the effect. This is followed by a return to baseline phase in which the intervention is withdrawn. The prediction here is that without the intervention the rates of the behavior would return near the original baseline. If this occurs, it verifies the original baseline. In the final phase, the intervention put in place and this verifies the initial experimental effects. Thus the sequence was baseline, prediction + verification (intervention 1), return to baseline (prediction + verification), and finally intervention (prediction + verification of prediction).

The participant had 12 sessions with the teacher with three missed sessions. Sessions occurred one time /week, and the participant determined the amount of time that each session lasted. The sessions ran approximately 5-20 minutes. The teacher made an excuse to leave if sessions went more than 20 minutes. This approximates the real life consulting relationship, where consultants meet with teachers weekly and time with teacher is a critical factor.

The experimenter recorded missed sessions as breaks on the graph. The participant engaged the teacher who was compliant in the first phase, then became non-compliant for four sessions, and then will become noncompliant for 4 sessions then became compliant for four sessions. This represents and ABAB design. The ABAB design will allow the determination if a functional relationship exists between teacher resistance and consultant’s behavior.

A-phases in each of the A- phases, the teacher engaged in highly compliant verbal behavior. The teacher appeared to follow the consultants suggestions and give the consultant positive feedback about the way the interventions are working. The consultants believed that the teachers were carrying out their interventions. Each A-phase varied but never lasted for more than four sessions. These phases served as baseline data for comparison.

B-phases in each of the B-phases the teacher engaged in four sessions where each of the consultants, therapeutic statements was met with statements such as “I won’t or I can’t ...X” and engaged in other resistant behavior such as talk over and going off and speaking about off topic subjects. These were the experimental phases and the experimenter contrasted their results with the baseline phases above to determine if an effect exists.

Results

Table 1. Summary of Change in Phases

Subject	Phase 1 mean and standard deviation	Phase 2 mean and standard deviation	Phase 3 mean and standard deviation	Phase 4 mean and standard deviation
Subject	Mean- 27.33 SD- 2.624	Mean- 7.33 SD- 1.70	Mean- 26.67 SD- .94	Mean- 4 SD- 1.63

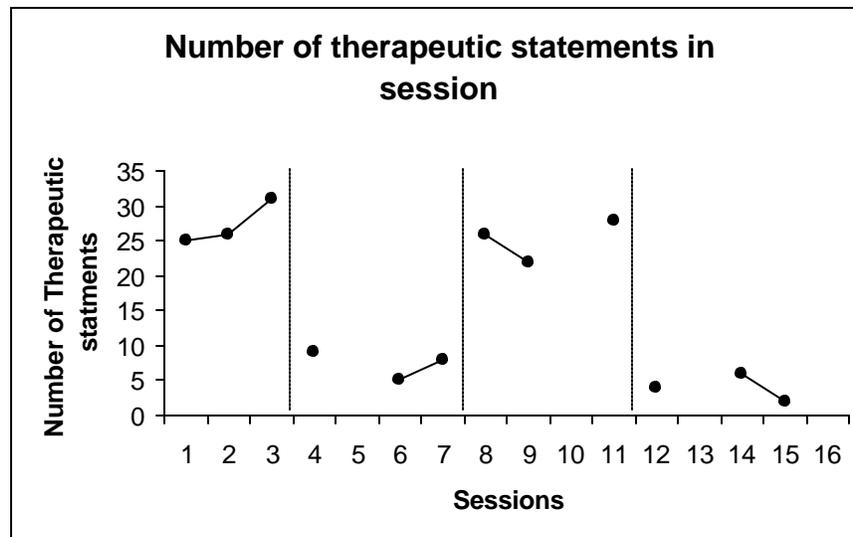


Figure 1. The number of therapeutic statements made during the session Participant 1

The participant clearly demonstrated a trend in baseline; however, this trend was counter to the predicted direction of where the behavior would be under intervention conditions. Table 1 summarizes the rates of therapeutic behavior and the standard deviation of those rates by subject and by session. For participant, see figure 1- the mean rate of therapeutic behavior during baseline was 27.33 with a standard deviation of 2.624. In the first resistance phase, the mean rate of therapeutic statements was 7.33 with a standard deviation of 1.70. In the return to baseline phase, the mean rate of therapeutic behavior was 26.67 with a standard deviation of .94. In the reapplication of resistant behavior, the mean rate of therapeutic statements dropped to four with a standard deviation of 1.63.

Discussion

This preliminary investigation supports the view of resistance having suppressive qualities on the consultant's therapeutic talk. In each phase of resistance, the consultee suppressed the consultant's therapeutic talk contrasted to the baseline phases. This study offers promise in bridging operant laboratory research on punishment with the clinical study of resistance in consultant. If this preparation holds, future research should be conducted to determine if consultants find the "resistant" sessions as aversive. If this proves true then the current preparation could be useful in devising methods to both study factors involved in resistance and methods for countering resistance.

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