

## **Resistance Is Not Futile: An experimental analogue of the effects of consultee “resistance” on the consultant’s therapeutic behavior in the consultation process: A replication and extension**

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### **Abstract**

In the school system, school psychologist serves a role as consultant to teachers in regard to children’s behavioral problems (Bergan & Kratochwill, 1990). The defining feature of children’s success is plan implementation (Bergan & Kratochwill, 1990). For school psychologists, ensuring consistent and accurate implementation of behavior strategies and tactics is the defining feature of successful treatment (Piersel & Gutkin, 1983). Failure to implement is commonly referred to as treatment integrity. Based on our previous review of the research (Cautilli, Tillman, Axelrod, & Hinline, 2005), we concluded that treatment integrity goes beyond successful training procedures to the need for a behavioral analysis of the consulting relationship- in particular the area referred to as resistance. We propose that effective consultation consists of a repertoire of skills based on principles of behavior analysis for promoting effective action within the consultation relationship. However, this model is seriously hindered by the lack of such a functional analysis. 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 results of the study found that participants decreased therapeutic questioning in response to consultee’s resistance. In addition, teacher resistance also led to increased missed sessions by the consultant and greater negative perceptions of the consultee by the consultant.

*Key Words:* Consulting relationships, functional analysis, resistance, treatment integrity.

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### **Introduction**

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.

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, this line of research 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).

In education, consultation is a primary form of prevention (Albee & Ryan-Finn, 1993). As a service delivery model, consultation has considerable research to support its effectiveness in both reducing behavioral problems and enhancing academic performance (Bergan & Kratochwill, 1990). With efforts to ensure that children are not left behind, schools are turning to evidenced-based pre-referral interventions such as consultation.

In addition to the above, behavioral consultation utilizes evidenced based and functional interventions. These interventions are scientifically based and meet the criteria for scientifically based instruction. A growing interest in schools is in the use of scientifically based practices as the basis for multiple gating models for prevention and intervention. This model is often referred to as the response to treatment model. In the response to treatment intervention model it fits as a tier two prevention procedure (Stewart, Martella, Merchant-Martella, & Benner, 2005). Tier two procedures are designed for children who are at risk of reading problems. Since reading and behavioral problems covary (Stewart et. al. 2005) then it is critical for school psychologists to severe as effective problem solvers.

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 Patterson and colleagues 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 authors 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. This study serves as a replication of Cautilli, Riley-Tillman, Axelrod, and Hinline (2006) and it extends the results by look at the integrity data (i.e., if the teachers were resistant in the resistant phase). In addition, we added a Likert scale to determine if resistance effected consultant

perception of consultee. 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**

### **Participants and setting**

Four school psychology students from a large inner city university served as the participants for this study. All students had some formal training in behavioral consultation as members of a doctoral program in school psychology. All participants were paid \$5/session. The consultations occurred on the campus of the University in the library. The teachers chose sites convenient for the participants.

## **Procedure**

### **Experimenters**

The experimenters for the study were the first author and an assistant. After each session, the experimenter sent all tapes to Accurate Business Services (ABS) for transcription. ABS 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. The assistant was blind to the phases of the study.

## **Instructions**

The author gave the participants the instructions "You are involved in a study of the consulting process. We are especially interested in the dynamic of the consulting relationship." This form stated that they were serving as consultants to a teacher on a classroom problem and limited consultation to approximately 12 sessions. They were encouraged to use the consulting skills that they had learned in the courses that they had in their graduate program.

### **The Teacher and process**

The experimenter used two teachers for the study, one man and one woman. The teachers were actual teachers but also be confederates for the study. The experimenter instructed the teacher to discuss a child's behavior in their classroom. The teacher remained compliant for a specified number of sessions. This means they produced data when asked by the participants to do so. In addition, they completed homework assignments that participants given them 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.

### **Inter-observer agreement**

The experimenter calculated the inter-observer agreement between his coding and the coding of the assistant on four-tape transcript by tape transcripts. The experimenter randomly chose four sessions and compared (two baseline phases and two treatment phases) to assistant scoring. The experimenter

scored agreement scored if both coders score the item the same. The experimenter scored disagreement if the two score differently. Of the 127 statements compared 108 agreed. Using the (equation of agreements / agreements + non-agreements) multiplied by 100, to calculate the percent of agreement. Thus, 85% 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 (see Bergan & Kratochwill, 1990) - 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, we 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.

### Independent Variable

The teacher's resistant behaviors, such as making statements like "I can't do ..." or "That won't work" or teacher making own agenda statements, served as the independent variable for the study versus making accepting statements.

### Dependent Variable

The number of statements made in which the consultant engaged in problem identification, analysis and evaluation behaviors identified on the CAC (Bergan & Kratochwill, 1990), as well as the number of statements that the consultant engaged in teaching and confronting were measured as the dependent variable for the study.

### Design

This study used five reversal (A/B/A/B design) designs. We compared the behavior of each participant during the no intervention condition, or baseline condition, to the participant's behavior during the experimental condition. After the initial baseline, in which the teacher was cooperative the teacher became resistant. After the initial resistance, we initiated the withdrawal phase. In this phase, teacher returned to being cooperative. After this condition, we had the teacher reinstate resistant behaviors.

Each participant had approximately 12-14 sessions with the teacher. 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.

**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 Participants. These were the experimental phases and the experimenter contrasted their results with the baseline phases above to determine if an effect exists.

### **Evaluating the Teacher’s perception in each phase**

The experimenter collected qualitative data in the form of a Likert rating collected from the participants regarding their perception of the sessions with the teacher after each session. Due to some miscommunication during the first few sessions, the experimenter asked only three of the four participants to fill out an evaluation form of their perceptions of the teacher after each session.

### **Procedural integrity**

To ensure that the teacher implements the phases correctly each session, the experimenter coded the behavior of the teacher (see Table 2, which is a variant of the coding system used by Chamberlain, et. al., 1984 changed to look at consultation rather than therapy sessions). After coding the experimenter reviewed the scores to ensure that sessions marked as cooperative have low rates of resistance and sessions marked as resistant have high rates of resistant behavior. For example, in resistant sessions the teacher is truly resistant.

Of the 62 sessions conducted, the experimenter reviewed eight sessions for procedural integrity. This represented approximately 13% of the sessions. The experimenter randomly chose two sessions were from each phase. As table 3 suggests, the absolute number of statements varied greatly by session. It is clear that sessions in the resistant phase were resistant and the sessions in the cooperative phases were cooperative.

## **Results**

The author employed a reversal design. Thus, the author implemented this design, which involves the sequential application and withdrawal of the independent variable (in this case the teachers resistant behaviors). In interpreting the data, we draw attention to the fact that a stable baseline occurred for all participants.

Table 1 summarizes the rates of therapeutic behavior and the standard deviation of those rates by participant and by session. For participant one, see figure1, the mean rate of therapeutic behavior during baseline was 26.6 with a standard deviation of 4.49. In the first resistance phase, the mean rate of therapeutic statements was 2.33 with a standard deviation of 2.05. In the return to baseline phase, the mean rate of therapeutic behavior was 29.75 with a standard deviation of 5.17. In the reapplication of

resistant behavior, the mean rate of therapeutic statements dropped to 1.66 with a standard deviation of .94.

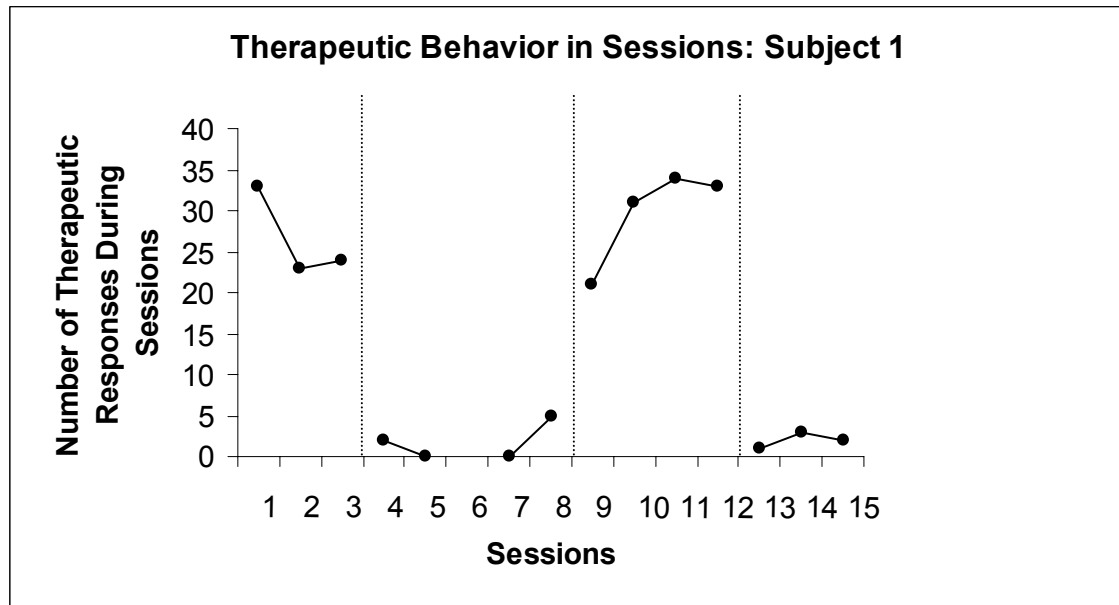


Figure 1 The number of therapeutic statements made during the session for participant 1

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 1	Mean- 26.6 SD- 4.49	Mean- 2.33 SD – 2.05	Mean- 29.75 SD 5.75	Mean – 1.66 SD- .94
Subject 2	Mean- 15.33 SD- 1.69	Mean- 1.25 SD- 1.09	Mean- 7 SD- .82	Mean 1 SD- 0
Subject 3	Mean- 16 SD- 5.10	Mean- 2 SD- .82	Mean – 13.33 SD- 6.90	Mean- 3 SD- 1.699
Subject 4	Mean- 32.33 SD- 1.699	Mean- 4 SD- .82	Mean- 27.33 SD- 3.09	Mean 5.33 SD- 1.89

For participant two, see figure 2, the mean rate of therapeutic behavior during baseline was 15.33 with a standard deviation of 1.69. In the first resistance phase, the mean rate of therapeutic statements was 1.25 with a standard deviation of 1.09. In the return to baseline phase, the mean rate of therapeutic behavior was seven with a standard deviation of .82. In the reapplication of resistant behavior, the mean rate of therapeutic statements dropped to one with a standard deviation of zero.

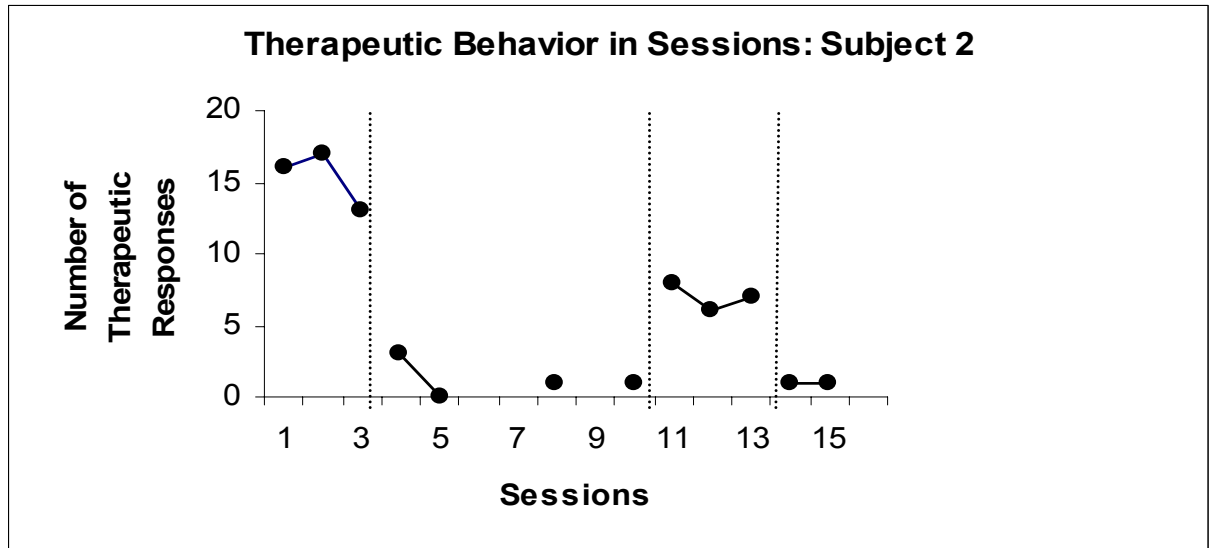


Figure 2 The number of therapeutic statements made during the session for participant 2

Table 2 Likert Scale of teacher’s perception

Question	Mean Score Phase 1 & SD	Mean Score phase 2 & standard deviation	Mean score phase 3 & standard deviation	Mean score phase 4 & standard deviation
1. The teacher is a warm and caring person	Mean= 4.66 SD= .47	Mean = 4 SD= .43	Mean = 4.36 SD= .48	Mean = 4.1 SD= .33
2. The teacher is skilled in dealing with this child	Mean= 4.11 SD= .31	Mean= 3.77 SD= .42	Mean = 4 SD= 0	Mean = 3.33 SD= .67
3. Overall this is a highly competent teacher	Mean= 4.61 SD = .50	Mean = 4.22 SD= .42	Mean= 3.44 SD= .31	Mean= 3.44 SD= .68
4. Overall I feel very effective with this teacher	Mean= 4.22 SD= .42	Mean= 3.42 SD= .50	Mean= 3.78 SD= .42	Mean= 3.33 SD= .82
5. I believe that consultation can help with this students’ problem behaviors	Mean= 4.56 SD= .50	Mean = 4 SD= 0	Mean = 4 SD = .63	Mean= 3.56 SD= .50

For participant three, see figure 3, the mean rate of therapeutic behavior during baseline was 16 with a standard deviation of 5.10. In the first resistance phase, the mean rate of therapeutic statements was two with a standard deviation of .82. In the return to baseline phase, the mean rate of therapeutic behavior

was 13.33 with a standard deviation of 6.90. In the reapplication of resistant behavior, the mean rate of therapeutic statements dropped to three with a standard deviation of 1.64.

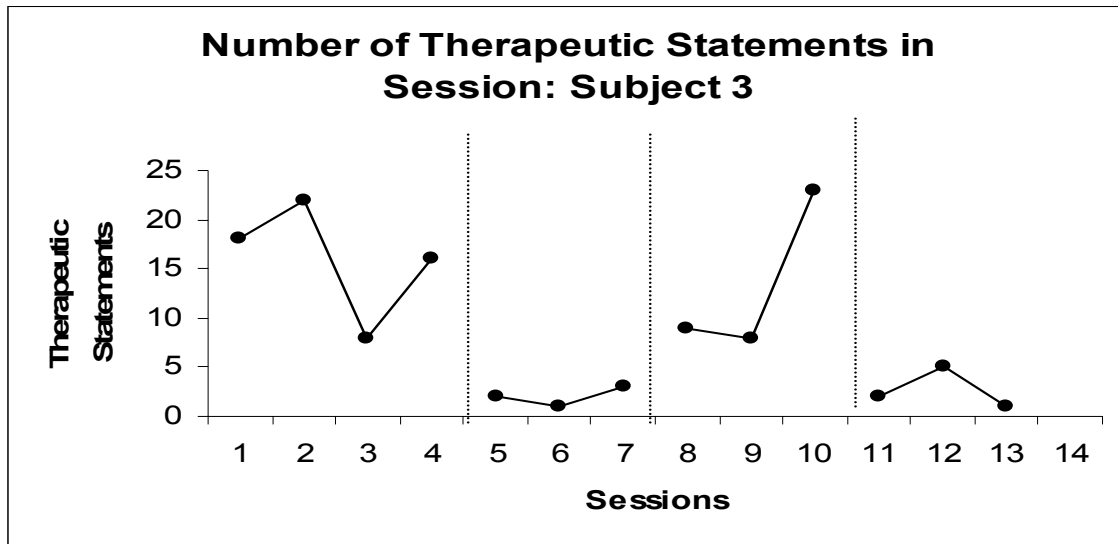


Figure 3 The number of therapeutic statements made during the session for participant 3

Table 3 Missed sessions by Phase

	Phase I	Phase II	Phase III	Phase IV
Total Missed sessions/ Total sessions in Phase	0/16	6/23	0/17	2/17
Percentage missed	0%	26%	0%	12%

For participant four, see figure 4- the mean rate of therapeutic behavior during baseline was 32.33 with a standard deviation of 1.699. In the first resistance phase, the mean rate of therapeutic statements was four with a standard deviation of .82. In the return to baseline phase, the mean rate of therapeutic behavior was 27.33 with a standard deviation of 3.09. In the reapplication of resistant behavior, the mean rate of therapeutic statements dropped to 5.33 with a standard deviation of 1.89.



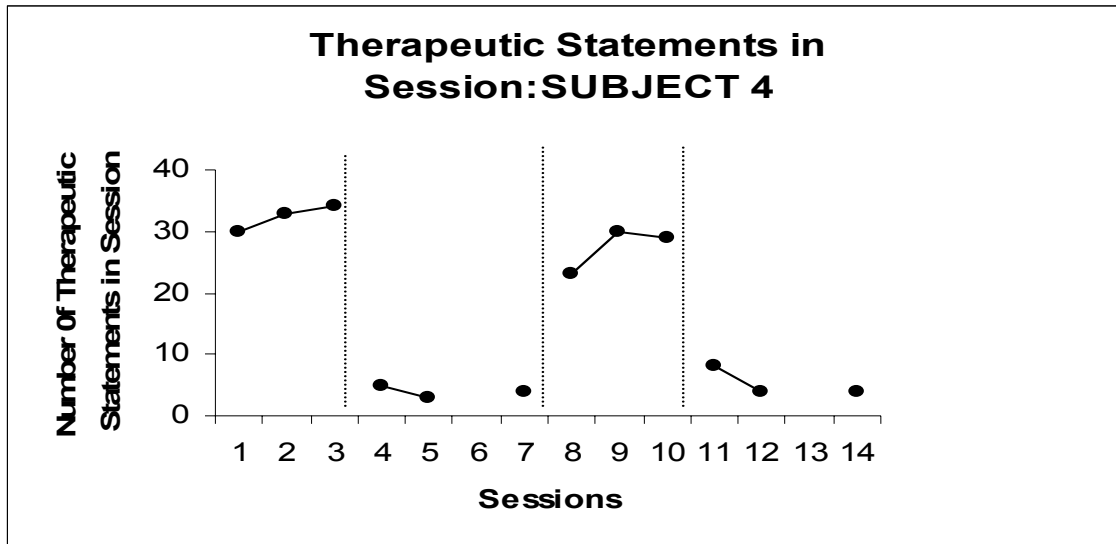


Figure 4 The number of therapeutic statements made during the session for participant 4

Table 4 Intervention Integrity Sampling

<i>Number of resistant and cooperative statements Phase 1</i>	<i>Number of resistant and cooperative statements Phase 2</i>	<i>Number of resistant and cooperative statements Phase 3</i>	<i>Number of resistant and cooperative statements Phase 4</i>
<b>Subject 1 session 1</b> 119 cooperative statements about child  0 resistant statements	<b>Subject 3 session 5</b> 0 Cooperative statements about child  89 resistant statements	<b>Subject 2, session 7</b> 125 cooperative statements about child  3 resistant statements	<b>Subject 3, session 12</b> 1 cooperative statements about child  102 resistant statements
<b>Subject 2 Session 2</b> 79 cooperative statements about child  3 resistant statements	<b>Subject 4 session 4</b> 2 cooperative statements about child  119 resistant statements	<b>Subject 4, session 8</b> 96 cooperative statements about child  12 resistant statements	<b>Subject 1, Session 12</b> 0 cooperative statements about child  63 resistant statements

One way to determine participants’ interest in the study is to look at the number of sessions missed. Table 3 describes the missed sessions- none of the sessions missed were due to the teachers. Missed sessions broke down as follows participants missed no sessions in phase one, six sessions in phase two, no session in phase three and two sessions in phase four.

In an overall look at the participants’ perception of the teacher and themselves in the study, the author found again interesting results. In Table 2, for question 1 the mean is 4.66 with a standard deviation of .47 in phase 1. In phase 2, the mean is four with a standard deviation of .43. In phase three,

the mean is 4.36 and the standard deviation is .48. In phase four, the mean is 4.11 and a standard deviation is .33.

For question number 2, in phase 1 the mean is 4.11 with a standard deviation of .31. In phase 2, the mean was 3.77 with a standard deviation .42. In phase three, the mean is four with a standard deviation of zero. In phase four, the mean was 3.33 with a standard deviation of .67.

For question number 3, in phase 1 the mean was 4.6 with a standard deviation of .50. In phase 2, the mean was 4.22 with a standard deviation of .42. In phase three, the mean was 4.11 with a standard deviation of .31. In phase 4, the mean was 3.44 with a standard deviation of .68.

For question number 4, in phase 1 the mean was 4.22 with a standard deviation of .42. In phase 2, the mean was 3.4 with a standard deviation of .50. In phase 3, the mean was 3.78 with a standard deviation of .42. In phase 4, the mean was 3.33 with a standard deviation of .82.

For question 5, phase 1 the mean was 4.56 with a standard deviation of .50. In phase 2, the mean was four with a standard deviation of zero. In phase 3, the mean was four with a standard deviation of .63. In phase 4, the mean is 3.56 with a standard deviation of .50.

### Discussion

This study supports the view of resistance serving an escape function for the consultee and having aversive qualities for the consultant. In each phase of resistance, the consultee suppressed the consultant's therapeutic talk. In behavioral terms, resistance punished therapeutic talk. In addition, resistance took a toll on the consultant. The consultant was more likely to not attend the sessions in resistant phases and was more likely to rate both themselves and the teacher in a less favorable fashion. Accordingly, resistance functions to escape consultants' therapeutic statements and questions related to the child. These extended effects of resistance are consistent with the animal studies on escape and avoidance (Herrnstein & Hineline, 1966).

Resistant behavior has both immediate suppressive effects and it would appear for the participant a more long-term effect on perception. Even this short termed study suggests that resistance experienced over the course of the consultant's career could have more lasting and profound effects with respect to job enjoyment and perception of self. Studies that bridge findings from principles studied in basic research to applied areas can have important implications for the process involved in clinical phenomena (Hastings, 1999; Wacker, 2003).

Interestingly enough, the behavior analytic literature would suggest that one intervention that consultants should be taught would be to block verbal escape and make verbal escape contingent on task completion (i.e., verbally stating the information needed). This intervention bears a striking resemblance to the "struggle with and work through intervention" often heralded by the psychoanalysts. However, whether or not this would correspond to actual changes in the consultee's behavior with the child is a different question but one that could be empirically tested.

The effectiveness of the suggested "struggle with and work through intervention" could be analogue tested in a similar fashion to this study. Using a multiple baseline design across Participants, the experimenter could instruct teachers to remain resistant through the study. After several sessions of resistance, the experimenter could train one consultant participant in "struggle with and working through intervention" method and see if it forces the confederate teacher to stay on task greater. In one session, of this study the participant tried to refocus the confederate teacher back on task and was able to increase the

teachers talking about the participant to a minimal extent (see participant one session 6 and participant 5, sessions four and seven).

The logical follow up to this study would be to see what naturalistic methods were used by consultants to get teachers to remain on task in the resistant analogue conditions; however, one problem with this is that there were so few attempts to redirect teachers back to task that the data set of interventions would be limited.

Another interesting finding was that while therapeutic behavior resurfaced in later sessions when the teacher became cooperative again, it did not return to previous levels. This finding was quite unexpected and might suggest that the aversive quality of resistance might have a more long-term effect on consultants than initially thought.

### Conclusion

Behavior analysts can study resistance within the behavioral tradition, as a form of operant punishment. This view of resistance offers a focus on function. The function of resistance appears to be to suppress therapeutic behavior on the part of the consultant. This effect creates a bi-product where the consultant views both themselves and the consultee in a less favorable light.

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