



# Managing Resistance

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Managing resistance represents a major task for adults who work with children who display challenging behaviors. Some of these children are at risk for emotional and behavioral problems; others display academic difficulties such as those characteristic of learning disabilities.

Various interventions have been developed for reducing noncompliant or oppositional behaviors and for getting adults to use clear, direct, specific, and contingent commands. Although these efforts have been met with some success, managing resistance continues to be a major treatment issue. In this article, several factors that inhibit managing resistance effectively are discussed, and options for expanding adults' repertoires of skills are presented.

One of the most vexing experiences practitioners face is managing resistance. Children who display challenging behaviors are often perceived to be noncompliant, disobedient to directions, uncooperative, and oppositional. Serious noncompliant behavior is the most frequent reason young children are referred for psychiatric services (Kuczynski, Kochanska, Radke-Yarrow, & Girnius-Brown, 1987). Children who are at risk or currently have emotional and behavioral problems are typically thought of as those most likely to display serious noncompliant behavior. However, children with learning disabilities also display a variety of conduct problems (Smith, 1998). In fact, as many educators and clinicians can attest, a variety of children—both with and without disabilities—can display noncompliant and oppositional behaviors (Maag, 1997a).

Walker, Colvin, and Ramsey (1995) stated that non-compliance serves as a "gateway behavior" for children developing serious antisocial behavior. It can lead to tantrums, uncooperativeness, aggression, stealing, and ultimately culminate with delinquency. Walker and his colleagues also believed that, in some instances, effectively dealing with noncompliance can prevent children from developing more serious antisocial behavior. The most common approaches for treating noncompliance involve a combination of providing highly contingent positive and negative consequences; providing clear, direct, and specific commands; and having children self-monitor and self-evaluate their behavior (Rhode, Morgan, & Young, 1983; Walker et al., 1995; Zirpoli & Melloy, 1997).

Compliance typically has been conceptualized as obedience to adult directives and prohibitions, cooperation with requests and suggestions, or the willingness to accept suggestions in teaching situations (Rocissano, Slade, & Lynch, 1987). From this definition, Zirpoli and Melloy (1997) inferred that noncompliance involves disobedience to directives, uncooperativeness with requests and suggestions, and unwillingness to accept suggestions. Schoen (1986) defined noncompliance as a child responding to an adult request by refusing to comply, providing no response, or engaging in some unrequested behavior.

Severe oppositional behaviors have become so pervasive that they were classified as a psychiatric disorder more than 15 years ago in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*; American Psychiatric Association, 1980). The *DSM-III* criteria required the presence of at least two of the following symptoms over a 6-month period: violations of minor rules, temper tantrums, argumentativeness, provocative behavior, and stubbornness. The term *oppositional-defiant disorder* first appeared in the revised version of the third edition (*DSM-III-R*; American Psychiatric Association, 1987). The current diagnostic criteria, which can be found in the fourth edition (*DSM-IV*; American Psychiatric Association, 1994), require a pattern of negativistic, hostile, and defiant behavior lasting 6 months in which at least four of the following eight symptoms are present: temper outbursts, arguing with adults, refusing to follow adult requests, deliberately annoying people, blaming others for own mistakes, touchy or easily annoyed by others, angry and resentful, and spiteful or vindictive.

Although the inclusion of oppositional-defiant disorder in the *DSM* nosology has been questioned (Kazdin, 1989; McMahon & Forehand, 1988), noncompliance represents a practical problem for parents, teachers, and clinicians. As a psychiatric disorder, it is believed to occur in between 2% and 16% of children, depending on the nature of the population sample and methods of estimation (American Psychiatric Association, 1994). These estimates should not come as a surprise because children

typically disobey about 20% to 40% of parental requests and commands (Forehand, 1977).

The literature on noncompliance typically has focused on modifying children's behavior because they are often seen as the source of the problem. However, Walker et al. (1995) insightfully noted that "whether or not a child complies with an adult directive has as much to do with how the command is framed and delivered as it does with the consequences, or lack of them, that follow the delivery" (p. 399). Walker et al. went on to describe the difference between *alpha* and *beta* commands. Alpha commands are given in a clear, direct, and specific manner, with few verbalizations, and they allow a reasonable time for compliance to occur. Beta commands are vague, overly wordy, and often contain multiple instructions to engage in a behavior. The implication of their discussion is that children's noncompliance may be exacerbated by adults' behavior.

The modification of adults' behavior has generally focused on maximizing the use of alpha commands (e.g., Forehand & McMahon, 1981; Morgan & Jenson, 1988; Walker & Walker, 1991). However, what is sometimes lost in this discussion is that a plethora of other adult factors can spawn noncompliance in children. In fact, Cormier and Cormier (1985) stated that resistance can arise from any behavior, regardless of the source, that interferes with the likelihood of a successful outcome. This definition provides the impetus for using the term *resistance* instead of the more common words *noncompliance* and *oppositional* for the remainder of this article. *Resistance* is a more inclusive term because it focuses on the interaction between children's and adults' behaviors. On the other hand, the terms *noncompliance* and *oppositional* suggest that the locus of the problem resides within a child. Consequently, solutions to the problems of noncompliance or opposition will focus solely on changing children's behaviors to the exclusion of also modifying adults' behaviors to obtain a desired outcome.

The purpose of this article is to present some considerations and ideas for managing resistance. They are organized around four topics of discussion: (a) the impact of context on behavior, (b) the importance of being comprehensive and unrestricting in behavior, (c) the adaptive function of resistant behavior, and (d) the benefit of joining children in their frame of reference. Some of these topics may be familiar. For example, the importance of considering context when examining human interaction has long been acknowledged (Skinner, 1953). Similarly, the adaptive function of resistance points to the importance of conducting functional assessment (Foster-Johnson & Dunlap, 1993). Some ideas, such as the use of paradoxical directives, may be less familiar, although this particular technique has been advocated by professionals from such diverse theoretical backgrounds as psychoanalysis and behaviorism (e.g., Ascher, 1980; Frankl, 1984).

## THE IMPACT OF CONTEXT ON BEHAVIOR

Behavior does not occur in a random or unorganized fashion. People behave purposefully, and their behavior attains meaning as a function of the context—situation or circumstances—that exists in a particular environment (Maag, 1992). Environment is the universe of events and objects, both animate and inanimate, that form our surroundings (Johnston & Pennypacker, 1993). Some of these events are concrete and tangible. For example, a classroom environment is composed of animate objects, such as children and adults, and a host of inanimate objects, including (but not limited to) tables, chairs, chalkboards, materials, and tasks. Some elements of the environment can be less visible and more abstruse. For example, Clinard and Meier (1995) stated that social norms (standard rules that state how individuals should behave under given circumstances) and cultural mores (social manifestation of norms) have a profound effect on the expression of behavior and how it is interpreted—a point that is strikingly illustrated by the following two examples.

A widely held belief is that alcohol abuse is a major cause of family violence. In cases of spousal violence, both offender and victim have frequently been drinking before the violence. An oft-cited explanation for this association is that alcohol disinhibits violent tendencies. However, Gelles and Cornell (1985) pointed to cross-cultural studies of drinking behavior as evidence against the “disinhibitor” theory. These studies showed that how people react to drinking varies from culture to culture. In some cultures people drink and become violent, whereas in other cultures, people drink and are passive. They went on to explain the difference in terms of what people in certain societies believe about alcohol. If they believe it is a disinhibitor, people become disinhibited. If they believe that it is a depressant, people become depressed. Gelles and Cornell concluded that, because our society believes that alcohol releases violent tendencies, people are given a “time-out” from normal rules of social behavior when they drink or when people believe they are drunk.

A second, and equally telling, example can be found by examining the sociocultural context of anorexia nervosa. The relentless pursuit of thinness that is typical of many individuals with anorexia is little more than a caricature of what American society considers beautiful. Schwartz, Thompson, and Johnson (1982) suggested that the increase in anorexia nervosa reflects our cultural preoccupation of thinness in women and our revulsion toward obesity and excessive eating. Most revealing was their comparison of anorexia nervosa and hysteria—both predominantly manifested in women—across cultures. Hysteria, now considered one of the somatoform disorders, is a condition in which emotional conflict is “converted” into physical symptoms (e.g., blindness, stomach aches,

paralysis) as a means of masking an underlying disturbance. Although hysteria is quite rare among women in America, it is still experienced by women in Moslem countries, where feminine sexuality is customarily repressed. By contrast, women in Middle Eastern countries rarely manifest anorexia nervosa, presumably because their cultures do not sanction the display of scantily clad and thin women to the extent that American culture does.

### Context as a Determinant of Behavior

The meaning a behavior has for an individual is a function of the context in which that behavior is displayed: Lifeguards have more meaning by the side of a pool than on a ski slope; reading has more meaning in a library than it does in a game of soccer (Howell, Fox, & Morehead, 1993). In addition, very few behaviors could be universally considered inappropriate or appropriate apart from the context in which they occur. Running and yelling provide obvious examples. Within the context of a math lesson, these behaviors would be considered inappropriate, whereas they would be acceptable, or possibly valued, in the context of playing basketball. A perhaps less apparent example that nevertheless makes the same point involves cutting someone's throat with a knife—clearly a behavior most people would consider aberrant, especially within the context of mugging someone. However, it would be quite appropriate if someone was performing an emergency tracheotomy on a choking person. In essence, almost all behaviors are appropriate given some context or frame of reference.

Context also provides stimuli that influence whether or not certain behaviors are performed. Some stimuli exert a powerful control over behavior, whereas others have no appreciable effect (Cooper, Heron, & Heward, 1987). For example, the ring of a phone almost always elicits the behaviors of picking up the receiver and saying “hello.” On the other hand, receiving a piece of junk mail rarely elicits the behavior of reading it. There are limitless contextual variables that can serve as cues for children engaging in any number of inappropriate behaviors. For example, a student may make animal noises as a way to avoid completing a math assignment or to obtain the attention of certain peers. In either case, adults are likely to encounter resistance unless the context surrounding the behavior is analyzed and manipulated.

### Manipulate Context

The word *manipulation* often has a negative connotation—especially for adults who work with children who engage in challenging behaviors commonly associated with this word. However, manipulation may not be as negative as it often appears. The very process of teaching is manipulative: Teachers manipulate materials, curricula, and in-

structional techniques. In fact, every interaction with others can be considered a manipulation because the goal is usually to elicit a response (Watzlawick, 1978). Therefore, adults might as well learn to manipulate effectively, relevantly, and constructively (Maag, 1991). Manipulating context can have a profound impact upon reducing resistance. This assertion is based on the previous discussions of (a) how behaviors derive meaning from context and (b) how context serves as a cue that elicits certain behaviors. Therefore, it is axiomatic that when the context surrounding a behavior changes, the meaning, purpose, and desire to engage in the behavior also change. There are two particularly interesting techniques for manipulating context as a way to manage resistance: creating ordeals and scrambling a child's pattern or routine.

**CREATING ORDEALS.** Creating ordeals in order to change context has been used and recommended by various clinicians. However, it was Haley (1984) who first described a systematic way in which ordeals can be prescribed. The approach is quite straightforward: The adult imposes an ordeal appropriate to a child's problem that causes equal or greater distress than the problem. Ordeal therapy shares some similarities with the behavior reduction techniques of negative practice and contingent exercise. However, the main difference is that in ordeal therapy, the task is something to which the child cannot legitimately object. Maag (1997a) described how a teacher was confronted with a boy who refused to complete his math assignment and instead wrote the name of his school followed by the word *suck* on the paper. The teacher nonchalantly said that she was sorry his school "sucked" but that he was not being very creative in his writing of the words. She enthusiastically suggested that the boy turn over the paper and write the words repeatedly in various print styles and sizes. The boy, who began in earnest, quickly lost interest and began working on the math assignment.

There are several important qualities in the ordeal described above. First, the teacher did not present the ordeal as a punitive consequence for misbehaving. Instead, she appeared apologetic that the student did not like the school but also pleased that he had the opportunity to practice writing more creatively. Her reaction automatically changed the context; she was not confrontational and, consequently, she was able to avoid a power struggle. Second, the student performed the ordeal because it was congruent with what he wanted to do—write that his school "sucked." Third, the student changed the context by repeatedly writing that his school "sucked," which, in turn, changed the meaning of the behavior. The behavior no longer had the meaning of defying a teacher's request and, consequently, it became a bother to perform. When adults succeed in making a child's tolerance level

intolerable, the child will change his or her own behavior. Performing an ordeal is like spitting in someone's soup—he or she can still eat it but won't like it (Rosen, 1982).

**SCRAMBLING ROUTINE.** The performance of a series of behaviors can be conceptualized in terms of a stimulus-response chain (Malott, Whaley, & Malott, 1997). A stimulus elicits a response, which in turn becomes a cue to perform another behavior. This approach is sometimes referred to as "sequence confusion" (Lankton, 1985). For example, preparing to take a math quiz may be a cue for a student to feel anxious. Anxiety then becomes a cue for the student to begin crying. Crying, in turn, becomes a cue for the student to run out of the room, and so forth. However, if the stimulus-response chain is broken or "scrambled," the student can no longer perform the behavior as it was performed previously. For example, instructing the student to "feel anxious" 15 minutes prior to taking a math quiz changes the context because the stimulus-response sequence is switched. In this example, the intervention is also paradoxical (Simon & Vetter-Zemitzsch, 1985). If the student brings on anxiety, then he has proof that anxiety is under his control; if he refuses to bring on anxiety, he also has proof that anxiety is under his control because he was able to avoid experiencing it.

Over 3 decades ago, Ayllon (1963) used a sequence scrambling approach to treat a hospitalized female psychiatric patient who hoarded and stored large numbers of towels in her room. The treatment consisted of having the nurses go into the patient's room and every day hand her an increasing number of towels. After accumulating more than 600 towels, the patient began taking a few out of her room. At that point, no more towels were handed to her. Over the course of a year, the average number of towels in her room decreased to 1 to 5 per week as compared with 13 to 29 before intervention was implemented. Providing the patient with multiple towels on a daily basis represented a new stimulus. It became impossible for her to continue her normal way of behaving because she eventually received more towels than she was hoarding. Consequently, the context surrounding the behavior was changed, which in turn changed the meaning she attached to hoarding.

## BE COMPREHENSIVE AND UNRESTRICTING

It is easier for adults to manage resistance when they are comprehensive and unrestricting in their thinking. Adults generally have more knowledge of how to deal effectively with youngsters than they are aware of. It is amazing how effectively adults could manage resistance if they perceived all their available options. Unfortun-

ately, adults follow a very careful routine without realizing they are restricting their behavior. Fisch, Weakland, and Segal (1982) suggested that, when adults limit their options to certain ways of behaving, ordinary life difficulties become more severe because the initial problem was mishandled and remains unresolved. These patterns often result in the application of linear interventions (Watzlawick, Weakland, & Fisch, 1974). For example, if a student stays after school for misbehaving, the problem is presumed to have been addressed by the punishment. But what if the student misbehaves again? The linear solution would be to keep the student after school for 2 days, then 3, and so forth. This type of solution is simply "more of the same" and seldom works. In fact, if punishment were effective, it would be used less rather than more often because, by definition, it decreases behavior (Maag, 1997c).

There are a variety of possible reasons why adults apply linear solutions. In the case of punishment, teachers are often negatively reinforced for using it. Negative reinforcement occurs when a behavior is performed to terminate an aversive. For example, some teachers use time-out regularly because it often terminates the perceived aversiveness of a student's misbehavior. The student is also negatively reinforced for misbehaving because being sent to time-out terminates the aversiveness of a boring or difficult lesson. Patterson (1975) coined the term *negative reinforcement trap* to describe this phenomenon. Other teachers simply continue to use punishment because it has effectively decreased other students' behaviors in the past. From this perspective, it is only a matter of finding the "right" punishment or delivering it at higher intensities. This approach seldom works because children who are considered oppositional or noncompliant have typically been punished numerous times. However, this mentality points out the tremendous impact that paradigms have on adults' ability to perceive different options and behaviors.

### The Power of Paradigms

A major reason adults have difficulty managing resistance is because they are constrained by their *paradigms*. A paradigm is a pattern or model for interpreting information. Paradigms provide people with rules and regulations that establish boundaries and explain how to be successful by solving problems within the given boundaries (Barker, 1992). People are constantly viewing the world through their paradigms—selecting from the environment those data that best fit their rules and regulations, while trying to ignore the rest. As a result, what may be perfectly obvious to a person adhering to one paradigm may be totally imperceptible to a person with a different paradigm. Kuhn (1970) noted this phenomenon in his exploration of how scientists changed their

paradigms. Specifically, he described how scientists experienced one of three reactions when encountering data that did not match the expectations created by their paradigm. In some cases, they simply ignored the unexpected data. Other times they distorted the data until they fit their paradigm, rather than acknowledging them as an exception to the rules. In extreme cases, they were physiologically incapable of perceiving the unexpected data—for all intents and purposes, the data were invisible.

One of the most conspicuous examples of how paradigms have blinded people to new ways of doing things has been the change in watch manufacturing over the past 3 decades (Barker, 1992). In 1968, the Swiss dominated the world of watchmaking, with a 65% world market share and more than 80% of the profits. By 10 years later, their market share had plummeted to below 10%, and in the ensuing 3 years they had to release 50,000 of their 65,000 watch workers. Today, Japan dominates the world in watchmaking, even though they had virtually no market share 30 years ago. How could the Swiss, who commanded the watchmaking industry for the greater part of the 20th century and were known for the excellence of their products, be destroyed so rapidly? The answer is quite simple: They were blinded by their paradigm. They failed to recognize the importance of the quartz movement watch—a watch that the Swiss themselves invented in their research laboratories. In the eyes of the Swiss manufacturers, the quartz movement watch could not possibly represent the future of watchmaking because it did not have bearings, gears, or a mainspring. So confident were the Swiss in their conclusion that they did not even protect the idea when they displayed the watch at the annual watch congress later that year. Seiko of Japan and Texas Instruments of the United States walked past and took one look, and the rest is history.

### Paradigm Paralysis and Resistance

The story of the Swiss watch manufacturers illustrates a particularly deleterious effect known as *paradigm paralysis*—a condition of terminal certainty (Barker, 1992). Paradigm paralysis prevents adults from abandoning their preconceived notions about what they "should" do or say to a child and expanding their perspective to consider alternative options. Adults are often constrained by the dominant paradigm stating that resistance originates from a child and that to reduce resistance a child must behave differently. Information about managing resistance that does not conform to this paradigm often has a difficult time being acknowledged and used. The cure for paradigm paralysis is for adults to be comprehensive and unrestricting in their behavior. In this way, they are more likely to access knowledge and skills in their repertoire that are not typically perceived as options for managing children's behavior. This point can be

illustrated with a group of adults by having every other person make a fist. People sitting in between are then told to open the fist of the person sitting to their left. Inevitably, most people will try to force the other person's fist open. The following question is then presented to the group: "How many people simply *asked* the person to open his or her fist?" Very few people will have tried this technique, although all will readily acknowledge possessing the skill in their repertoires.

### Overcoming Limitations

Milton Erickson (1962) was an expert at allowing himself to be unfettered by convention. Erickson was once considered an unorthodox and controversial psychiatrist who was the foremost expert on clinical hypnosis and developer of strategic therapy—an approach in which therapists take responsibility for directly influencing clients. Erickson's strategic approach to therapy has increased in popularity and is studied and taught everywhere. Since his death in 1980, Erickson has assumed the stature of a cult figure, with thousands of admirers attending large conferences addressing aspects of his unique approach. Haley (1993) acknowledged that it is not easy to describe Erickson's approach because of the curious way he stood on the line between healer and poet, scientist and bard. In addition, Erickson disdained the procrustean bed of a hypothetical theory, preferring to formulate treatments based on individuals' unique characteristics.

Once Erickson was asked to provide a consultation for a catatonic schizophrenic patient who was not responding to treatment (Rossi, Ryan, & Sharp, 1983). He walked into the room where the patient was sitting in a catatonic state. Several psychiatrists were standing nearby discussing various conventional psychiatric interventions such as the use of psychotropic medication and electroconvulsive shock therapy. Without hesitation, Erickson walked up to the patient and stomped on his feet several times. The patient immediately snapped out of his catatonic state. The point to be made here is not that foot stomping would result in long-term change, nor that it is the intervention of choice for managing resistance, but rather that many potential interventions are available if adults would only shed their dominant paradigms and access other areas of experience.

The major limitation to overcome is viewing resistance as consisting of behaviors inherent in a child. Instead, it is advantageous to view resistance as originating solely from adults' behavior. This statement typically is met with much resistance from adults, thereby proving the point—the message originating from the sender created resistance to the assertion. Put another way, resistance would not exist if adults never asked children to perform certain behaviors. Obviously, it would be counterproductive to let children perform any behaviors unhampered. Yet, adults have very little control over the

actual behaviors of some children. For example, some children will engage in highly destructive and aggressive behaviors in school because they realize the only consequence is being suspended or expelled, which, from their perspective, is a desirable reinforcer. On the other hand, adults have complete control over their own behavior and ability to modify it continuously until a desired response is elicited from a child.

Paradigm paralysis remains a difficult condition to shed. For example, a teacher may tell a boy to stop pulling a girl's hair. As a result of this direction, the boy stops pulling her hair but begins tweaking her ear. Many teachers would probably lament the boy's oppositional nature. However, what they may fail to understand is that their behavior—giving a direction—resulted in a change in the boy's behavior. Eliciting this type of change in a child's behavior is rarely looked upon positively by adults because a different, and similarly inappropriate, behavior was performed. Nevertheless, getting any change in a child's behavior is a positive beginning. Behavior change is like a kaleidoscope: Even if the tube is turned only a fraction of an inch, the entire pattern changes.

### ADAPTIVE FUNCTION OF RESISTANCE

All behaviors—both those society deems to be acceptable and those it deems unacceptable—are purposeful and serve a function for a child. Neel and Cessna (1993) used the term *behavior intent* to describe the relation between the behavior a child exhibited and the outcome he or she desired. When a child acts, even with behaviors considered to be inappropriate, he or she does so to achieve a result. The desired result, or outcome, can be viewed as the intent or function of the behavior. In turn, the intent of the behavior will have an impact on the form (i.e., appearance or topography) the behavior takes to achieve the desired outcome. It is entirely possible for the *function* that a behavior serves to be appropriate while the *form* a behavior takes is inappropriate. For example, a student who performs what initially appears to be random acts of classroom aggression may, in fact, be seeking to associate with peers. Although the form of the behavior (aggression) may be inappropriate, the purpose or intent of the behavior (affiliation) is an acceptable and desirable social goal.

This discussion points to the importance of conducting a functional assessment—the process of determining the intent an inappropriate behavior serves for obtaining a desired outcome and replacing that behavior with a more appropriate one that accomplishes the same goal (Foster-Johnson & Dunlap, 1993). Interventions that focus only on the form or topography of a behavior and fail to address the purpose of the behavior will often be ineffective: As long as the behavior has a powerful purpose related to it, a child will continue to use it and continue to be resistant.

## Conceptualizations of Resistance

Like all behaviors, those characteristic of resistance serve an adaptive function. Freud (1900/1952) speculated that the adaptive functions of resistance were to maintain internal psychological equilibrium and avoid consciously experiencing emotional conflict. He reached this conclusion after observing that many of his patients failed to participate in therapy despite their request for help. Freud believed that by complying with the therapist, the patient would be exposing her- or himself to the anxiety associated with the problem that initially prompted the need for help. However, by being resistant to therapy, the patient could keep the anxiety at an unconscious level which, in the short term, would be less emotionally painful than confronting it directly.

A similar function of resistance has been espoused by experts in the field of family systems (e.g., Becvar & Becvar, 1996; Walsh & McGraw, 1996). From their perspective, individuals cling to the way things are rather than exposing themselves to the uncertainty and threat that risk of changing their behavior implies. In essence, individuals try to maintain *homeostasis*, a term family systems experts use to describe a person's desire for consistency in life. Consistency breeds predictability, which, in turn, reduces anxiety by engendering feelings of comfort and a sense of self-assurance. There is an adage among psychotherapists that is germane to the concept of homeostasis: Clients do not enter therapy to get rid of their neuroses but to perfect them. Although resistant behaviors serve to shelter individuals from the pain associated with the risk of behaving differently, they unfortunately keep children and adults responding in predictable and often ineffective ways.

### Reframing: Addressing Intent Through Context

Functional assessment is important. However, two issues may influence its effectiveness for managing resistance. First, some children may crave too much of a particular outcome (Reiss & Havercamp, 1997). For example, it would be impossible to generate a replacement behavior for a student who wants 3 hours of attention daily from a teacher. Second, it may not be possible to find a replacement behavior that is as acceptable to a child as the inappropriate behavior. For example, it may be difficult to find a replacement behavior as effective as aggression for a child who seeks to escape from an aversive situation. The use of reframing represents a potential way to circumvent these problems.

There are two types of reframing: *context* reframing and *meaning* reframing (Bandler & Grinder, 1982). Context reframing is based on the assumption that every behavior is useful in some, but not all, contexts or situations. In the previous example, a context reframe for ag-

gression would address this question: In what situations, or with what people, is it useful or even helpful to be aggressive? Once a child realizes that there are some situations in which aggression is appropriate (e.g., self-defense) but others in which it results in unwanted consequences (e.g., losing a highly reinforcing activity), he or she may be more likely to accept a replacement behavior to use in the target setting or context. Meaning reframing focuses on providing a child with an alternative positive, yet acceptable, meaning for an inappropriate behavior. For example, "stubbornness" might be reframed as "independence," or "greediness" might be reframed as "being able to meet your needs." Recall that once the meaning changes, the purpose and desire to engage in a behavior also changes.

## JOIN CHILDREN IN THEIR FRAME OF REFERENCE

Too often, intentionally or unintentionally, adults attempt to inculcate children with ways of looking at and dealing with the world that have worked well for them, but that may be clumsy and inappropriate from the children's perspectives. Adults expect children to accept authority. Trying to lecture or otherwise force a child to comply with an adult version of the world may result in resistance (Maag, 1997a). No two people are alike, and no two people understand the same sentence the same way. Erickson (1962) believed that individuals bring with them a model of the world that is as unique as their thumbprints. Therefore, to manage resistance effectively, adults must try not to fit children to an adult concept of what they should be. Instead, adults must learn to join children in their frames of reference.

Joining a child's frame of reference is accomplished when rapport is established (Maag, 1988). Rapport typically is associated with Roger's (1951) person-centered counseling approach, which focuses on providing individuals with genuine, unconditional positive regard, empathy, and honesty as a way to promote self-acceptance and self-responsibility. However, rapport is not synonymous with being sympathetic or with being liked by a child—although sympathy and pleasant interactions are often erroneously taken as evidence of rapport. Instead, it is the ability to symmetrically respond to another person's model of the world (Gordon & Meyers-Anderson, 1981). It is not easy to determine how children construct meaning from the world. They have their own unique experiences and have organized those experiences into an equally unique set of judgments about the nature of the world and a set of rules by which to live relative to the context in which that view is operating (Gordon & Meyers-Anderson, 1981).

Because children's models of the world are constructed internally, with the assistance of various cognitive pro-

cesses and structures, they are not accessible to direct observation. Therefore, one way to join children's frames of reference is instructing them to do what they are already doing and then interjecting some difference. Telling children to do what they are already doing but in a slightly different way creates instant rapport and also changes the context surrounding the behavior. Embedding instructions and paradoxical directives are two ways of accomplishing this goal.

### Embedding Instructions

Embedding instructions is a variation of *behavioral momentum*. Behavioral momentum works by instructing a child to engage in two or three behaviors the adult knows the child wants to perform naturally—making high-probability requests (Rhode, Jenson, & Reavis, 1995). Once a child is performing the desired behavior, the adult makes the low-probability request. For example, a teacher may follow a request to have a student tack pictures on a bulletin board (desired behavior) with an instruction to throw away trash (undesired behavior). The idea behind this approach is to build momentum toward compliance by first getting a child to perform a series of desired behaviors.

Embedding instructions differs from behavioral momentum in that instead of instructing a child to engage in a high-probability behavior, one directs a child to do what he or she is already doing while interspersing the request for the desired behavior (Maag, 1997b). For example, a teacher may embed the following instruction: "Mary, as you shuffle your papers just open your math book to page 18 while talking to Susie." In this situation, Mary is engaging in two undesirable behaviors: shuffling her papers and talking to Susie. This instruction embeds three separate tasks—two of which Mary is already performing. The part of the instruction with which her teacher is trying to get compliance is opening the math book to page 18. If the instructions were separated, Mary could easily refuse one or all of them. But a refusal when the tasks are combined into a single instruction means what? That Mary will not shuffle her papers? That she will not open her book? That she will not talk to Susie? The very extent of the effort needed to identify what one is refusing in itself is a deterrent to refusal (Bandler & Grinder, 1975). Nor can a refusal of the "entire instruction" be offered comfortably. To the single tasks she can easily say "no." But to the combined task, she cannot say, "no" because, if she is shuffling her papers, she must "immediately" open her book and talk to Susie. Hence, Mary may prefer to perform the combined tasks unwillingly rather than to put forth the effort to analyze the instruction minutely. This reasoning is specious, but it is the "emotional reasoning" that is common in daily life, and daily living is not an exercise in logic.

Paradoxical directives seem to defy logic. They convey to a child that he or she can change by remaining unchanged. The idea behind working paradoxically is to never fight with children. When adults accept a child's resistance, the child is caught in a position where resistance becomes cooperation. Paradoxical directives can focus on either encouraging a child to produce the maladaptive behavior at will (compliance based) or avoiding trying to behave appropriately (defiance based; Simon & Vetter-Zemitzsch, 1985).

*Compliance-based* paradoxes communicate the message that in order to reduce an inappropriate behavior, the child should keep it. The idea is to make an uncontrollable behavior occur voluntarily. Because the behavior will occur anyway, a child will be in a better position to predict its occurrence. Therefore, the process that perpetuates the problem behavior is interrupted—a child cannot continue usual ways of trying to prevent the behavior. The student who was instructed to bring on anxiety 15 minutes prior to taking a math quiz is an example of a compliance-based paradox. It also made use of scheduling—having a child express a behavior in different locations, durations, or times before it spontaneously occurs (Rohrbaugh, Tennen, Press, & White, 1981). For example, two children that argue may be instructed to "argue" for 5 minutes at various times throughout the day. If the children adhere to the request, they are being compliant. If they refuse to follow the direction, they are also being compliant; by not arguing, the desired outcome is attained.

*Defiance-based* paradoxes convey to a child that in order to change, the child should stay the same or give up. The idea here is to have a child oppose carrying out the directive in circumstances in which by so doing, the child is being compliant. There are several ways in which adults can deliver defiance-based paradoxes (Rohrbaugh et al., 1981). First, children can be instructed to delay changing their behaviors by having them move more slowly than they expect. For example, an adult could say, "Today, it is important not to do anything to improve your behavior." Second, adults can forbid children from changing their behaviors. For example, an adult could say, "In order to find out how bad your behavior is, just give in to it and let it happen," or, "I don't want you to be polite today." A third variation that is more extreme is to declare hopelessness—that is, predicting that change is impossible. For example, an adult could say, "I think it is really impossible for you to finish your homework." All these variations focus on joining children's frames of reference by instructing them to do what they are already doing. Although these approaches can be very effective, they should be avoided with children who engage in behaviors that are dangerous to themselves or others.

## CONCLUSION

There is a simple axiom for managing resistance: If what adults are doing is not working, they should try something else—almost anything else. However, there are several reasons why this axiom is difficult to practice. First, humans are creatures of habit. Through repetition, behaviors become automatic. When adults are under stress, they tend to access the most habitual behaviors in their repertoire. Those behaviors frequently are ones that constrict options for managing resistance and lead to paradigm paralysis. Second, adults often personalize children's behavior. When this occurs, adults may overreact emotionally and engage in resistance-engendering behaviors. Third, responding differently is risky, not only for children but also for adults. Adults run the risk that using reframing, embedding instructions, paradoxical directives, or any other peculiar idea will not work. The fear of failure keeps many adults in typical and unimaginative patterns in terms of how they respond to children. In order to conquer the fear of taking a risk, it is helpful to understand that trying and failing is not failing—it is assessment. Failure often occurs when adults do not try something different.

One thing that all children teach adults is that there are different ways of looking at situations. Managing resistance should not be a massive job. Adults usually know what to do, but do not always know that they know it. The key is for adults to be flexible and creative and not restrict themselves to set patterns of behaving. In that way, adults will be more likely to tap into, and make available, the resources they possess. The introduction of variety and richness into children's lives by understanding and using context, being comprehensive and unrestricting in behavior, determining the purpose resistance serves, and joining children in their frames of reference will help break up rigid patterns of responding, which is necessary for managing resistance effectively.

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