

# Beyond Time Outs: State of the Science Regarding What Children & Parents Need

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# Faculty Disclosure

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The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

# Conference Resources

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Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at [http://www.cfha.net/?page=Resources\\_2018](http://www.cfha.net/?page=Resources_2018)



Slides and handouts are also available on the mobile app.

# Learning Objectives

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At the conclusion of this session, the participant will be able to:

- List three core components of effective parenting interventions.
- Identify at least one publically available parenting resource.
- Discuss steps for effective implementation of parenting interventions in the primary care setting.

# Bibliography / Reference

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# Learning Assessment

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A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

# Disruptive Behaviors

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- Ontogeny: In the second year
- Course: Tend to get worse not better
- Impact: Entire family
  - - High separation and divorce rate in preschool period
- Long Term: Effects on health, mental health & educational outcome



# Etiology: Six Months to 18 Months

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Parenting practice are involved in the early onset disruptive behavior problems, and parenting interventions are integral to the solution.

Negative parenting practices, which are sometimes triggered by difficult temperament, at age 2 are prognostic of later problem behavior.

Child behavior alone at this age IS NOT predictive, but parenting practices are.

# Etiology: Six Months to 18 Months

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For 'difficult' children at age two, early screening and parenting intervention is critical.

For the most part, children do not fully "grow out of it"

Without treatment, half or more of toddlers with difficult behavior still have them at age six.

To deal with this problem effectively, screening and intervention should occur in the second year of life (12-24 months)

# Etiology: 18 – 36 Months

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For example, increased parent and child social and play behavior by age 2 greatly decreases problems by age 4.

Poor temperament coupled with harsh, ineffective parenting = coercive patterns and disruptive behavior.

To be successful parenting intervention needs to be accessible, socially desirable and effective.

# Etiology: 36 months to school age

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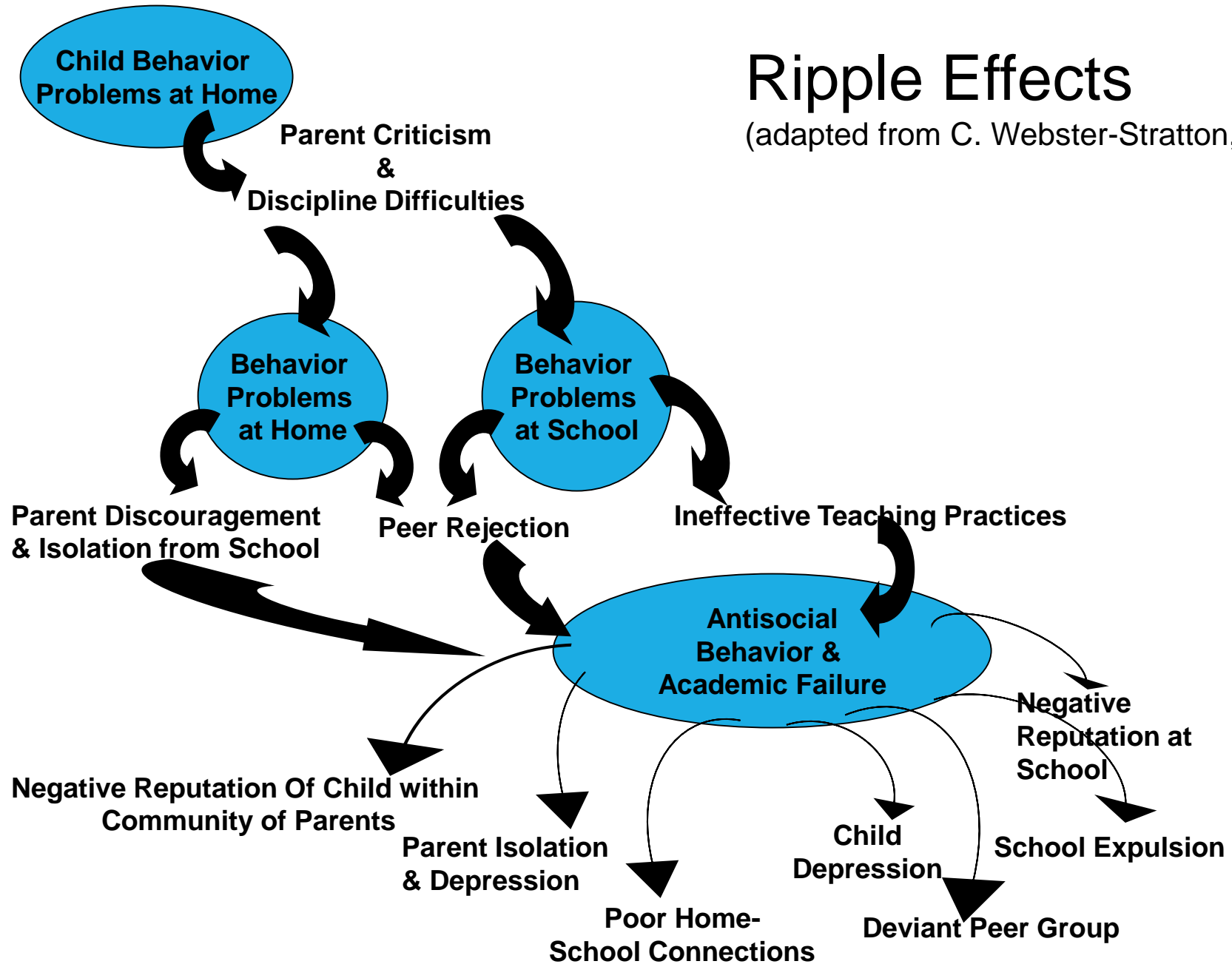
If disruptive or mood regulation problems continue

- A clear coercive cycle, parent and child control each other by avoidance & threats, aversive control
- Behavior problems at school
- Peer rejection
- Parent discouragement, isolation from school
- Ineffective teaching approaches
- Parental depression
- Worsening of child behavior
- Academic failure

Age 2  
Non-  
pervasive

Age 3-6

Age 7-8  
Pervasive



# Ripple Effects

(adapted from C. Webster-Stratton, 1997)



We have science that explains etiology,  
and can predict outcomes over time

In addition, there are evidence based  
practices that are effective in changing  
this developmental trajectory...the  
problem is not what to do, but rests in  
where and how we can support  
children and help families access  
services

# Targeted Child Outcome Behaviors

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- Non-compliance and oppositional behavior
  - Difficulty with self control
  - Acting out and aggressive behavior
  - Impulsivity
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- Attention Deficit Hyperactivity Disorder
  - Oppositional Defiant Disorder

# Ineffective Intervention

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- No assessment of situation
  - Family disruption
  - Traumatic event
- Give unsolicited advice
- Recommend one strategy
  - “he has tantrums, here’s a handout, do time-out”
  - “use a sticker chart for good behavior”
- No practice parameters specified
- No measures, no daily chart, no standard checklists



# Demonstrated Effective Programs

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- Parent Child Interaction Therapy
- Incredible Years
- Parent Management Training - Oregon
- Helping the Non Compliant Child
- Kazdin Method

# Building Blocks of Effective Therapy

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- Development of treatment elements compiled into programs with manuals
  - Overload: too many treatment manuals
- Emphasis on Evidence Based Treatments
  - Active Ingredients
  - Essential Components
  - Common Elements
  - “Kernels” (Embry & Biglan, 2008)
- What are the kernels of effective parent management interventions?
  - Can these kernels be delivered in a brief, time-limited treatment such as integrated primary care?

# Behavioral Therapies: Kernels

Parent Management Training – 5 Essential Components (Axelrad, 2013)

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- Monitoring
  - Antecedents & Consequences
- Increasing Positive Interaction
  - Child Directed Play
- Increasing Targeted Positive Behavior
  - Praise
  - Positive attention
  - Tangible activity or rewards
- Effective Commands
  - Schedules & Routines
- Limit Setting / Consistency
  - Planned ignoring
  - Consistent response
  - Natural Logical Consequences
  - Time Out

# Behavioral Therapies: Fewer Kernels

Parent Management Training - 3 Essential Components (Kaminski et al., 2008)

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## Two specific skills:

1. Increase positive parent-child interactions
  - emotional communication skills
2. Time Out

## Consistency & practice:

3. The importance of parenting consistency
  - requiring parents to practice new skills with their children during parent training sessions

# A Recipe for Preparing Kernels

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Teach Kaminski's two basic behaviors

- increase positive parent-child interactions
- teaching parents to use time out

Add the third component

- the importance of parenting consistency
  - requiring parents to practice new skills with their children during parent training sessions

Creatively address how to do this with current technology

# A Recipe for Preparing Kernels

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Teach one skill at a time

Can be offered in multiple modalities (individual, group)

Have a number of ways to model (live, video)

Assign homework

- prompt & praise

Observe behavior in session

Collect outcome data with standard measure

# Teaching Kernels: Increasing Positive Parent-Child Interactions

Nemours Health &  
Prevention Services

Parenting Tips  
AGES 2 - 8

## Special Playtime

### What is the concern?

Children thrive on attention from parents and work very hard to get a "connection" with you. This even includes the attention they receive from undesired behaviors. While some parents believe that scolding or lecturing can teach a child to act better, this is not always the case. For many children, any attention—even scolding and nagging—achieves their goal for an immediate connection. As a rule, any of your child's positive or negative behaviors followed by a lot of your attention will usually be repeated more often.

### How can "special playtime" encourage my child's positive behaviors?

In order to increase your child's positive behaviors, you need to give attention at the right time. Break the cycle of nagging and arguing by catching your child "being good" during special, one-on-one time. A strategy called "special playtime" can be very rewarding.

- First, choose a special playtime at the same time each day. For 15 minutes per day, give your child undivided attention. Turn off the phone and TV and remove other distractions. Also, if you have other children, find something else for them to do during this time, like playing quietly or reading a book.
- Give your child a choice of play activities and sit on the floor to play. If your child doesn't choose something he or she would like to do, go ahead and pick an activity. As you start to play with a toy, talk about it. For example, say things like, "We're getting out the cars and we're going to put together the track to see how fast they are."
- Use toys that lend themselves to quiet activity, such as building blocks, car or train sets, doll houses, toy farms, or craft items like modeling clay or crayons and paper. Avoid competitive video games, TV, board games, boxing gloves, toy guns or swords, and games that encourage the type of behavior you want to decrease.
- After your child starts playing, keep talking about what he or she is doing—like a sportscaster describing a game. Try not to ask questions, give commands or directions, or tell your child how to play. Remember, there is no "right" way to play.
- Make sure to praise when your child is doing something that you want to see. If your child puts the toys away, praise the behavior by saying something like, "I love how you are putting your toys away so carefully!"
- Ignore minor or annoying behavior but address disruptive behavior. If your child becomes disruptive (for example: throwing toys), warn once. If the undesired behavior reoccurs, end your special time early and say something like, "We will stop playing now and will play again tomorrow." If you do this once, you probably will never have to do it again.
- During playtime observe, comment, and relax. This should be an enjoyable time for both of you.

### Why should I have special playtime with my child?

- Special playtime gives you and your child a chance to have fun, enjoy each other, and build your relationship.
- Paying attention to quiet, thoughtful play increases that type of play and helps your child have a longer attention span.
- Your child will learn to tune in to your normal voice and to listen when you're speaking quietly.
- Special playtime, when done again and again, will encourage positive behaviors.



### Tips to Remember:

- Catch your child being good and reward with positive attention.
- Create a special playtime for you and your child.
- Try to set aside time for special playtime everyday.
- Praise your child often during special playtime.
- Remember, there is no "right" way to play.
- During special playtime, ignore bad behavior unless it is disruptive.
- If these suggestions do not work, please talk with your pediatrician for more ideas.

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## CDC Essentials for Parenting Videos

### Play Time

[CDC](#) > [Parenting](#) > [Essentials Homepage](#) > [Parenting Videos](#) > [Play Time: Communicating with Your Child](#)

### How to Use Positive Communication





# Teaching Kernels: Time Out

## Time Out

### What is the concern?

Sometimes children behave in ways that are disruptive, out of control, or defiant. With dangerous behaviors like hitting, biting, or pulling hair, children need adults to address these behaviors right away and to show them how to calm down.

### What is time out?

Time out is a method to stop undesired or dangerous behavior by giving your child a break from rewarding, enjoyable activities and from your attention. It can be used when your child needs to calm down, when he does something wrong on purpose, or breaks a known rule. If you keep talking and interacting with a child who is supposed to be in time out, this method will not work.

- When you first start to use time out, it is helpful to try it with just a few target behaviors.
- Teach your child about time out before it is needed. You may want to practice with dolls or puppets. He should understand the purpose of time out and which behaviors result in a time out.
- Use time out in combination with special play time, specific praise, and rewards for good behavior.
- Time out works best when it is performed immediately, consistently, and not overused.

### How do I use time out with my child?

- Time out should occur in a boring, but safe spot (e.g., hallway). Use a nearby chair or a step where you can watch the child. He should be away from toys, people, windows, TV, or anything he likes. Toddlers may be placed on the floor or in a playpen.
- Rather than use time out for a specified amount of time, the end of time out depends on the time it takes for him to self-calm. For toddlers, very brief time outs are highly effective, for example, 20 seconds. Time out should not last longer than a few minutes.
- When you give an instruction to your child, wait about 5 to 10 seconds to see if the child is going to follow the instruction. If your child has not begun to follow the instruction, give a warning such as, "If you do not put your toys away now, you will go to time out."
- If your child is aggressive or clearly breaks an established rule, she should go to time out immediately with a brief explanation. "You hit your sister so you have to go to time out."
- If he refuses to go, lead by the hand, or carry him if needed. If a toddler, carry him facing away from you or look away so that there is no confusion between a hug and a trip to time out.
- Simply and calmly state the rule that was broken or the reason for the time out. Say, "Because you played with the stove, you have to take a time out."



### Tips to Remember:

- Use time out when your child needs to calm down or does something wrong on purpose.
- Teach your child about time out before you use it.
- Time out works best when consistent and not overused.
- You use time out in combination with special play time, specific praise, and rewards for good behavior.
- If these suggestions do not work, please talk with your pediatrician for more ideas.

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- Tell him to sit down on the chair. He is not to talk to anyone or to play with anything while in time out. Do not interact with your child when he is in time out; refrain from talking, lecturing, or scolding.
- The first few times you use time out, your child may scream, cry, kick, or look for something to throw. As long as the child remains seated, ignore the tantrum by turning away, engaging in a task, or playing with other children.
- Do not let your child leave time out before you have told him to do so. If he gets up or leaves time out before it is over, immediately return him to the chair without talking. You may have to repeat this procedure several times. He will soon learn that you will always put him back in the chair and therefore, he will eventually stay seated.
- After your child has calmed down, tell him that he can get up. If he is crying in time out, he needs to be quiet for the last 20 seconds before he can come out.
- After time out, redirect your child to an acceptable activity. If he refused a direction, give the direction again. Say, "You're calm. Time-in. Please put the blocks in the box." Be sure to praise your child for compliance with your instruction.
- If he refuses to listen, then put him back in time out. Repeat this until he does what he is told.
- Immediately after time out, make sure the child engages in high quality activities with you. A clear contrast between time out and special play time with you increases the effectiveness of time outs.

### Cautions

- Bedrooms should not be used for time out. There are usually too many interesting things in children's bedrooms and parents may not be able to observe when the child has calmed down if they are not in sight. Also, some parents have been known to forget that their child was in time out!
- Children should never be in time out so long that they fall asleep. This does not teach them self-calming skills.
- Parents, not children, are in charge of deciding when they are calm or when time out is over. When children say they are calm or time out is over, this is their attempt to control the situation.

### What should I do if time out is not working?

- Make sure all adults responsible for disciplining your child are using time out consistently. You should agree with your partner about when and for what behaviors to send the child to time out.
- Continue to catch your child being good. Remember to use special play time and to let him know when he is following the rules. Signs of affection (for example, a pat on the shoulder) are an additional way to show positive attention.
- Use a chart or log book to see if this method is working.
- Even if your child tries to convince you that time out is fun and therefore not working, still persist. Over time, the difficult behaviors for which you use time out should occur less often.
- You may feel the need to "punish" your child for doing something inappropriate in the time out chair (such as cursing or spitting). However, it is very important to ignore the child when he behaves poorly in time out in order to teach him that such attention-getting strategies do not work.
- Seek additional assistance if nothing improves.

## CDC Essentials for Parenting Videos Time Out

[CDC](#) > [Parenting](#) > [Essentials Homepage](#) > [Parenting Videos](#) > [She Knows: Using Time-Out](#)

### How to Use Time-Out





# How Effective are Brief Interventions?

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- Behavior Consultation Clinic (Axelrad et al., 2008)
  - 2-5 30 minute sessions, focused on the defined 'kernels' of behavior management
  - 56% showed improvement
- Triple P Level III (McCormick et al., 2014)
  - 3 x 20 minute sessions have been shown effective
  - Can train pediatric residents to do this Triple P Level III
- Triple P Discussion Groups (Morawska et al., 2011)
  - A single 2 hour session with a group of approximately 12 parents.
  - Done in Australia, replication in Spanish in Panama
  - Excellent outcome, and shows continued improvement at 3, 6, 12 months



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***Protecting the Future*, 1966–1967**

**Domenico Mortellito (1906–1994)**

Nova Scotia grey sandstone

Delaware Art Museum, Gift of Adria M.  
Peterson and Gina M. Reeves, 1996

# Learning Evaluation

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1. List three “kernels” of effective parenting interventions.
  1. Positive parent-child interactions
  2. Time Out
  3. Practice
2. Identify publically at least one publically available parenting resources.
  1. CDC Essentials for Parenting
3. Discuss steps for effective implementation of parenting interventions in the primary care setting.
  1. Teach skill
  2. Model
  3. Practice and Observe
  4. Collect outcome data

# Session Evaluation

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Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

