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

- W. Douglas Tynan, PhD, ABPP • Director of Integrated Care, American Psychological Association
- Meghan McAuliffe Lines, PhD • Clinical Director, Integrated Primary Care Psychology, Nemours/Al duPont Hospital for Children
Faculty Disclosure

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

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

Slides and handouts are also available on the mobile app.
Learning Objectives

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


Bibliography / Reference


Learning Assessment

A learning assessment is required for CE credit.
A question and answer period will be conducted at the end of this presentation.
Disruptive Behaviors

• 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

Parenting practices 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

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

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

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
Ripple Effects
(adapted from C. Webster-Stratton, 1997)

Child Behavior Problems at Home
- Parent Criticism & Discipline Difficulties
- Behavior Problems at Home
- Parent Discouragement & Isolation from School
- Peer Rejection

Behavior Problems at School
- Ineffective Teaching Practices
- Antisocial Behavior & Academic Failure
- Negative Reputation at School
- School Expulsion
- Deviant Peer Group

Age 2 Non-pervasive

Age 3-6

Age 7-8 Pervasive

Negative Reputation Of Child within Community of Parents
- Parent Isolation & Depression
- Poor Home-School Connections
- Child Depression

Parent Isolation & Depression
- Poor Home-School Connections
- Child Depression
- Deviant Peer Group

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

- Non-compliance and oppositional behavior
- Difficulty with self control
- Acting out and aggressive behavior
- Impulsivity

- Attention Deficit Hyperactivity Disorder
- Oppositional Defiant Disorder
Ineffective Intervention

• 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

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

- 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)

- 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)

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

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

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

CDC Essentials for Parenting Videos

Play Time

How to Use Positive Communication

Tips to Remember:
- Catch your child doing something good and reward with positive attention.
- Give special playtime to your child.
- Make sure your child knows when to play.
- If your child is too young, praise the behavior by saying something like, "I love how you are putting your toys away so carefully!"
- Ignore minor or annoying behaviors but address disruptive behavior. If your child becomes disruptive (for example throwing toys, spitting out food), and your special time ends, say something like, "We will stop playing now and will play again tomorrow." Do not ask your child to do this 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 turn to your neutral voice and to tune out when you’re speaking quietly.
- Special playtime, when done again and again, will encourage positive behavior.
Teaching Kernels: Time Out

Time Out

What is the concern?
Sometimes children behave in ways that are disruptive, uncooperative, or defiant. With disruptive behaviors like hitting, biting, or pushing, children and 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 undesirable or dangerous behavior when your child is breaking down a relationship, by removing the child from the situation. It is a technique to try to change behavior. Time out is also used to help your child understand the consequences of his or her actions.

Tips to Remember:
- The child sits in a corner or another quiet place.
- The child should not be allowed to talk to anyone else during time out.
- The time out should be long enough to reduce the child’s anger or frustration.
- The child should not be allowed to return until they are calm.

Cautions:
- The child should not be used for time out.
- It is important to be consistent with time out.
- It is important to be clear with the child about the consequences of his or her actions.

How to Use Time Out

1. Choose a quiet place for the child to sit.
2. Tell the child that he or she is being given a time out.
3. Set a time limit for the child.
4. Tell the child that he or she will be allowed to return after the time limit has passed.
5. Keep the child away from any toys or games during the time out.

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Learn about Using Time-Out

Using Time-Out

0:01 / 3:31
How Effective are Brief Interventions?

- **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
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

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

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

Thank you!