



# A Survey of Parents' Perceptions and Use of Time-out Compared to Empirical Evidence

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## ABSTRACT

**OBJECTIVE:** To assess parents' perceptions and use of time-out (TO) in contrast to empirical indications and examine the relationship between reported implementation procedures and perceived effectiveness.

**METHODS:** We surveyed parents of preschool and school-age children ( $n = 401$ , aged 15 months to 10 years) at well-child visits with regard to their awareness, perception, and usage of TO. Parents were specifically surveyed regarding TO components that have been empirically evaluated or pertain directly to its underlying behavioral principles. Descriptive analyses, group comparisons, and correlational analyses were used to characterize responses and evaluate the relationship between TO administration variation and perceived effectiveness.

**RESULTS:** Most parents (76.8%) reported using TO in response to misbehavior, but a large majority of these parents (84.9%) re-

ported implementing TO in a manner counter to empirical evidence. Parents who endorsed TO as effective varied significantly from those who did not on key implementation components (eg, use of a single warning). Further, several reported implementation practices were correlated with perceived effectiveness and challenging child behavior. For example, requiring a child to be calm before ending TO was positively correlated with perceived effectiveness.

**CONCLUSIONS:** These results cement TO as a widely disseminated practice but cast doubt on the fidelity with which it is typically implemented. Better methods of educating parents on evidence-based discipline are needed.

**KEYWORDS:** discipline; parenting practices; time-out

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## WHAT'S NEW

Time-out (TO) is commonly used but poorly understood. Most parents report implementing TO in at least one way associated with decreased effectiveness. Excessive stimulation during TO and children attempting escape are related to reported ineffectiveness.

INEFFECTIVE DISCIPLINE PREDICTS numerous undesirable outcomes for families including child abuse,<sup>1</sup> parental distress,<sup>2</sup> interpersonal violence later in the child's life,<sup>3</sup> and overuse of health care.<sup>4</sup> Correspondingly, leading health care organizations emphasize safe and effective discipline practices for parents of young children.<sup>5–7</sup> The American Academy of Pediatrics' Bright Futures Guidelines recommend that pediatric primary care providers (PCPs) offer anticipatory guidance on discipline during well-child visits beginning at age 12 months; however, research consistently indicates counseling on discipline is infrequent and ineffective.<sup>8–10</sup> Parents report that advice on behavior and discipline is

the most common unmet need in pediatric primary care.<sup>11</sup> In the absence of guidance from health professionals, parents may turn to less reliable sources of information, such as popular publications and Web sites, resulting in ineffective and potentially iatrogenic discipline practices.<sup>12,13</sup>

Time-out (TO) is the most common form of child discipline, both with regard to usage by parents<sup>14,15</sup> and recommendations made by PCPs.<sup>10</sup> TO is a common element of empirically supported therapies for disruptive behavior, and use of TO to reduce child misbehaviors (eg, aggression, noncompliance) is well supported by empirical evidence across a range of child populations, behaviors, and settings.<sup>16</sup> However, in our clinical experience in pediatric primary care and behavioral health settings, a significant proportion of parents report that TO does not work. Anecdotally, perceived ineffectiveness is often due to some misunderstanding of the purpose of TO or suboptimal implementation procedures, but this has never been empirically investigated.

**Table 1.** Key Components of Effective Time-out (TO) Administration

Component	Description
Time-in	<ul style="list-style-type: none"> <li>TO is based on the removal and unavailability of reinforcers.<sup>16</sup></li> <li>Positive reinforcement of appropriate behavior, or time-in, is essential to effectiveness, and TO is only recommended in combination with positive reinforcement strategies.<sup>16,17</sup></li> </ul>
Immediacy	<ul style="list-style-type: none"> <li>Social attention, praise, privileges, or rewards are common aspects of time-in.</li> <li>Consequences are more impactful when applied immediately contingent on occurrence of the target behavior.<sup>18</sup></li> <li>TO should be administered quickly after the behavior to be punished.<sup>12</sup></li> <li>Parents should avoid multiple warnings and other social interactions (eg, lengthy explanations, admonishments) before administration of TO, as these delays may decrease effectiveness.<sup>12</sup></li> </ul>
Stimulation during TO	<ul style="list-style-type: none"> <li>Lack of reinforcing stimuli available to the child is the basis of TO.<sup>16,17</sup></li> <li>Exclusionary TO involves removal of the child from the environment in which misbehavior took place and restriction of all activity.<sup>16</sup></li> <li>Nonexclusionary TO reduces stimulation and activity, but does not remove the child from the situation entirely.<sup>16</sup> For example, in school or daycare settings, “contingent observation” of other children playing without the opportunity to participate can be an effective form of TO.<sup>19,20</sup></li> <li>Research on TO often specifies the use of a chair, corner, hallway, or other boring place suggestive of exclusionary TO.<sup>17</sup></li> </ul>
Duration	<ul style="list-style-type: none"> <li>Generally, longer durations are not any more effective, particularly with younger children.<sup>16</sup></li> <li>Most research on TO uses a 2-3-minute duration.<sup>17</sup></li> </ul>
Release	<ul style="list-style-type: none"> <li>Parents should signal the end of TO rather than letting it be determined by the child.<sup>17</sup></li> <li>Some evidence suggests contingent release, which requires the child to be calm for a specified interval before TO is ended, reduces misbehavior during TOs,<sup>16,17,21</sup> but other investigations have failed to replicate this effect.<sup>22</sup></li> </ul>
Response to escape from TO	<ul style="list-style-type: none"> <li>Many children will leave TO without permission, so it is important for parents to have a backup strategy.<sup>23</sup></li> <li>Physical restraints and spanking can be effective in reducing attempts to escape from TO but should be avoided because of other risks.<sup>17</sup></li> <li>Empirical isolation of this component is lacking, but viable options include repeated returns to TO,<sup>17</sup> contingent loss of privileges, withholding all reinforcement until the TO is served,<sup>24</sup> or altering the TO interval based on compliance.<sup>21,25</sup></li> </ul>

## COMPONENTS OF TO

TO derives from the behavior analytic concept of time out from reinforcement, involving the withholding of reinforcing stimuli (eg, social attention, access to physical objects) contingent on the occurrence of misbehavior.<sup>17</sup> Thus, TO is only a viable discipline strategy when the child’s environment provides sufficient positive reinforcement, or time-in, that can be removed.<sup>16</sup> Although there is no single best method of TO, several specific procedural components of TO are important to effectiveness.<sup>16,17</sup> Table 1 summarizes important components of TO implementation. Briefly, optimal TO procedures 1) commence immediately contingent on misbehavior (ie, repeated warnings, lengthy explanations, or other delays to the administration of TO should be avoided); 2) dramatically reduce stimulation/activity available to the child (ie, social attention, toys, screen, and other stimuli should be minimized); 3) persist for a minimum duration (eg, at least 2 minutes); and 4) do not allow for the child to end or shorten TO through misbehavior or unpermitted escape from TO (ie, reinforcement continues to be withheld until the TO is served appropriately).

Because TO use is widespread, it is important to promote evidence-based implementation. Understanding parents’ perceptions and use of TO with their children is important to facilitate efficient and accurate counseling regarding discipline. Unfortunately, counseling on TO is less effective than other anticipatory guidance topics (eg, safety).<sup>26</sup> Although identifying and rectifying suboptimal implementation of TO should improve effectiveness, doing so is time-consuming and may be difficult for PCPs given bar-

riers to providing behavioral care.<sup>27,28</sup> Knowledge of common misperceptions and implementation errors would be useful to providers when offering anticipatory guidance about discipline, as well as when counseling parents who perceive TO as ineffective.

To facilitate the assessment and counseling of TO practices, we conducted a survey in pediatric primary care to better understand parents’ perceptions and use of TO. The goal of the survey was to identify variation in parent use of TO and differentiate practices of parents who perceive TO as effective from those who do not. Key research questions were: What components of TO are most commonly implemented in a manner counter to empirical evidence? How do parents who view TO as effective differ in administration of TO from those who view it as ineffective? And how strongly are methods of implementation related to perceived TO effectiveness and child behavior?

## PARTICIPANTS AND METHODS

All methods were approved by the institution’s human subject institutional review board. Data were collected from January 2015 to January 2016.

### SAMPLE

Recruitment procedures were designed to capture a general sample representative of primary care. Consecutive sampling was used to survey parents of children aged 15 months to 10 years (approximately the age range in which TO has been studied) who presented for scheduled well-child visits at 2 academic health center–based pediatric primary care clinics in the urban and suburban Pacific

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