

Time-out, enacted properly, is a positive strategy for child mental health

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In 2014 *Time* magazine published an article titled [‘Time-outs are hurting your child’](#) by Siegel and Bryson. The authors largely recanted the argument later in *The Huffington Post*; however, this and other articles have been associated with a widespread and growing rejection of time-out as an acceptable discipline strategy, especially for children believed to have attachment problems or trauma histories. Are these concerns warranted?

Recently, Lucy Tully and I [presented an analysis](#) of parental discipline strategies, and time-out (from positive reinforcement – its original definition), in terms of four contemporary pillars of child development theory: social learning theory, attachment theory, self- and emotion regulation theory, and ecological/family systems theory. We used these models to derive a set of axioms to guide how any discipline strategy should be evaluated in terms of its impact on child mental health, and then applied these axioms to time-out in order to clarify how it should be used. In summary, our analysis led to the following conclusions:

- 1 Time-out should only be used for inappropriate child behaviour over which the child has some control and that is functional in producing some desired outcome for the child. It should not be used for behaviour that represents an inability to perform an action, lack of understanding, mistakes, or fear and other overwhelming emotions.
- 2 The effectiveness of time-out implementation should be judged in terms of observable and timely reductions in the problem behaviour and thus, in the rapidly diminishing need to use time-out.
- 3 The use of time-out must be a part of a broader behavioural program that promotes a warm and rewarding relationship, and explicitly teaches alternative positive child behaviours to replace the problem behaviour to improve the child’s self-efficacy in meeting their own needs.
- 4 Time-out should be seen as a microcosm of the fundamental attachment process of separation and reunion. It must not carry any parental communication of abandonment, isolation, and rejection during the time-out and return to time-in phases. Implemented appropriately, time-out can be seen as micro-theatre for enacting and repairing attachment problems, conveying the explicit message that this discipline event is focused on a specific problem behaviour, and throughout the child remains safe, valued and loved.



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- 5 The child should have an active role in influencing the unfolding of time-out such that their self-regulatory capacities are enhanced rather than externally controlled and diminished. Thus, time-out should end in a way that is contingent upon the child's self-regulation, not an arbitrary time period. For example, return to time-in can be contingent upon the child showing a brief but stable period of regulated emotions and behaviour.
 - 6 Discipline strategies should function to improve the child's ability to effectively regulate emotions and behaviour. Thus, the child should be taught, at a positive time outside of conflict and prior to time-out being used, some basic rules for time-out, and skills for regulating their emotions and behaviour that can be used in time-out and elsewhere.
 - 7 Time-out should be used for behaviours that are pre-specified and explicitly explained to the child as being problematic and inappropriate in terms of generally accepted mores to the child, the family, the school and so on. These should be open to discussion at positive times outside of discipline events.
 - 8 Time-out implementation should be embedded in a family and ecological system of shared perceptions of what is right; it is not arbitrary, out of scale to the problem behaviour, unfair, and based on parental emotion or impulse. Children should be encouraged to be active participants in understanding the cultural, moral and pragmatic context of family discipline.
 - 9 Time-out should be applied democratically. That is, in order to embed the discipline process firmly within accepted ideas of fairness, time-out should be applied equally and fairly across children in a family depending on developmental levels.
- Conceptualised and enacted within these guidelines for promoting mental health, we propose that time-out is not only an acceptable parental discipline strategy; it is a positive perturbation of the parent-child system that can enhance and repair behavioural problems as well as broader problems of self-and emotion-regulation, and parent-child attachment problems.
- Finally, the Dadds and Tully [review](#)

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and analysis showed that the appropriate use of time-out is compatible with our best understanding of the needs of, and effective for treatment of behavioural and emotional problems in, children with a history of exposure to trauma.

These findings have important implications for clinical practice and policy. The evidence presented here indicates that the adoption of policies that prohibit the use of time-out with children may be ill-considered and deny access of children in need to an effective evidence-based procedure.

Given the wealth of evidence showing time-out is a positive perturbation in child mental health, and the absence of evidence showing it is harmful after five decades of research, clinical and common usage, claims that it is harmful should be considered extraordinary, and thus require an extraordinary level of evidence to back them up. A clear parallel is the claim that vaccinations cause autism. The evidence showing this to be false is so strong that claims to the contrary require an extraordinary quality and quantity of evidence to back them up.

Where time-out is used, however, it is crucial that its underlying theory, its therapeutic mechanisms, and its procedural subtleties are well understood and explicit to all parties concerned. The evidence is clear that inappropriate variations in parental discipline have and are being implemented in the name of time-out and that these are widespread, ineffective, and potentially harmful. Thus, a priority for improving child mental health literacy is to disseminate accurate information about the mechanisms and procedures of this and other forms of discipline.

Further reading

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