

USE OF TIMEOUT PROCEDURES: A NATIONAL SURVEY
OF EDUCATORS' UTILIZATION AND PERCEPTIONS
OF THE EFFECTIVENESS OF TIMEOUT

by

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ABSTRACT

The purpose of the current survey study was to gather more recent information regarding educators' conceptualization and utilization of timeout procedures by replicating previous research conducted by Zabel in 1986. A survey tool was developed and included questions that pertain to variables such as the definition of timeout, demographic information of the respondent, preparation of staff to use timeout effectively, policies regarding the use of timeout procedures, the usability and acceptability of timeout as a behavioral intervention, and perceptions of the efficacy of timeout procedures. A random sample of 1,000 educator members of the Council for Children with Behavior Disorders (CCBD) across the United States was sent the survey by mail. A total of 206 individuals returned completed surveys, with equal representation from the eight regions of the United States designated by the CCBD.

The majority of respondents were special education teachers, had 10 or more years of experience, were over the age of 45, and female. Results showed that timeout procedures were most often used one to three times per month and most frequently with elementary-school-aged students. Timeout was used mostly with students who were classified as having an emotional disturbance and who demonstrated physical aggression and noncompliance with adult direction. Although some respondents did not work in districts that had policies on the use of timeout procedures, the majority reported that

their districts had guidelines for timeout, and that these guidelines were adhered to when timeout was used. Ninety-two percent of respondents reported that they received some level of training on timeout procedures prior to its use, and were given professional support afterward in the form of performance feedback and/or consultation. Furthermore, the majority of respondents reported that timeout procedures were used in conjunction with positive behavior interventions and supports and/or multitiered systems of supports. Eighty-eight percent of respondents reported that the function of the problematic behavior was assessed when using timeout procedures.

Information from the current study shows some positive changes within the last 29 years in regard to policies and parameters surrounding the use of timeout procedures. Since 1986, there has been a 30% increase in reported district policies and a 30% increase in monitoring a child when in timeout. The use of written logs to record and document the use of timeout has also increased by nearly 20% since 1986. While the use of timeout as an intervention appears to be prevalent in the educational setting, there are still some improvements that could be made when implementing this procedure. Information from the current study indicates that there is a failure to inform parents and obtain parental input and permission prior to using timeout, down by 24% since 1986. The majority of respondents from the current study also reported using physical persuasion to get a student to timeout. It is not clear if this is related to what appears to be greater use of separate rooms or locations designated for timeout procedures compared to 29 years ago.

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GLOSSARY OF TERMS

Individualized Education Program (IEP): A program developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives specialized instruction and related services.

Free Appropriate Public Education (FAPE): A standard set by federal law ensuring that children with disabilities will receive the same education as children without disabilities.

Least-Restrictive Environment (LRE): A term used to mandate that students with disabilities are placed in special classes, separate schools, or positions other than regular education classrooms only when the nature or severity of the disability is such that even with aids and services education cannot be achieved.

Functional Behavior Assessment (FBA): A set of procedures used to identify the function of a target behavior and also to develop a behavior intervention plan (BIP) to reduce the occurrence of the targeted behavior.

Noncompliance: An intentional refusal to follow written or verbal directions.

Physical Aggression: A behavior, that is intentional and is intended to hurt another, either through face-to-face contact with the person or attempting to hurt another without contact, such as with an object.

Disruption: Intentional interruption of a classroom routine or lesson, or causing other students to be distracted from an assignment or class work.

Verbal Aggression: A communication intended to cause psychological pain to another person, or a communication perceived as having that intent.

Destruction of Property: Intentionally destroying or defacing property, either one's own or that belonging to another.

Self-Injurious Behavior: Performance of deliberate and repetitive acts of physical harm to one's own body.

Behavior Intervention Plan (BIP): A written, individualized behavior support plan that addresses identified behavioral concerns and strategies for reinforcement of targeted

replacement behaviors.

Positive Behavior Interventions and Supports (PBIS): A comprehensive, research-based, proactive approach to behavioral support that involves identifying the purpose of challenging behavior; teaching appropriate alternative responses that serve the same purpose as the challenging behavior; consistently rewarding positive behaviors and minimizing the rewards for challenging behavior; and minimizing the physiological, environmental, and curricular elements that trigger challenging behavior

Multi-Tiered System of Support (MTSS): A set of activities designed to support the implementation of a data-driven, problem-solving model within a multitiered delivery system. It is a continuous-improvement model in which problem solving and evidence-based decision making occurs in an ongoing way and across multiple levels of the educational system. It positively impacts student outcomes by creating capacity for an integrated academic and behavior-support system that can be implemented with fidelity, is sustained over time, and utilizes data-based decision making at all levels of implementation.

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CHAPTER 1

INTRODUCTION

Timeout is a popular method of behavior change most often used by parents in the home environment; however, timeout has become increasingly popular in other settings where children are present and the opportunity to teach them desirable behaviors exists. These settings have included day treatment facilities, outpatient facilities, self-contained classrooms, and more recently, regular education classrooms. This shift from more-intrusive to less-intrusive environments can be traced back to the Individuals with Disabilities Education Act of 1975 (IDEA; United States Department of Education, 2001). The IDEA entitles eligible students who fit in one or more of 13 designated categories that each require special education to an individualized educational program (IEP) of a free appropriate public education (FAPE), including, where necessary, related services, in the least-restrictive environment (LRE; Zirkel, 1998).

Data show that children who are subject to these practices are often young and diagnosed with developmental or emotional disorders (Eagan, Kramer, & Cambria, 2015). Many students with emotional or behavioral problems, regardless of disability label, are now being included in public school environments, frequently in general education classes (Walker, Ramsey, & Gresham, 2003). Therefore, regular education teachers are now responsible for accommodating students with different educational and behavioral

needs within their classroom (Zirkel & Lyons, 2011). New data show that timeout is more common than previously understood, occurring at least 267,000 times in a recent school year (Shapiro, 2014).

Students' aggressive, disruptive, and defiant behavior wastes teaching time, disrupts the learning of all students, threatens safety, overwhelms teachers, and ruins their own chances for successful schooling and a successful life (Ryan & Peterson, 2004). In 1986, Zabel reported that behaviors such as physical and verbal aggression and destruction of property were the behaviors most often identified by teachers as leading to the use of timeout procedures; however, because this study was conducted more than 27 years ago, limited information has been obtained pertaining to the use of timeout procedures. An analysis of the year-by-year data by Warzak, Floress, Kellen, Kazmerski, and Chopko (2012) shows decreasing timeout research over time. Although timeout is appropriate in the treatment of a variety of behavior problems such as (but not limited to) aggression, inappropriate verbal behavior, and noncompliance with teacher instructions (DeHert, Dirix, Demunter, & Correll, 2011; Everett, 2010), if done incorrectly or without the proper training and practice, timeout procedures have the potential to be misused and abused, leading to several legal implications.

Definitions of Timeout

Various definitions of timeout are offered in the literature, each suggesting that timeout is used as a way to decrease inappropriate or unwanted behaviors. Timeout can include removing a child from a reinforcing environment and placing him or her in a nonreinforcing environment as an aversive consequence of a specific misbehavior (Jenson and Reavis, 1996). It is suggested, then, that when a student is temporarily

removed from a reinforcing environment immediately following the occurrence of an undesirable or inappropriate behavior, the use of timeout will cause a reduction of a specific problem behavior (Heron, 1987). This idea that behavior could be shaped by reinforcement (or lack of it) was first introduced by B. F. Skinner and was termed “operant conditioning” (Skinner, 1957).

When traditional timeout is used, all opportunities to earn reinforcers for any behavior are removed for a brief period following some misbehavior (Jenson, Sloane, & Young, 1988). Timeout is a discipline technique frequently employed to decrease young children’s undesirable behavior in early childhood settings (Chapman, 2000; Everett, Hupp, & Olmi, 2010; Morawska & Sanders, 2011); however, as a behavior change strategy, timeout may produce a variety of behavioral consequences, including those that are both punishing and reinforcing (Everett, 2010). Therefore, timeout is only effective if the time-in setting is more reinforcing than the timeout setting. When students can avoid unpleasant demands or persons, or when they can engage in more reinforcing behaviors, such as self-stimulating behaviors, while in timeout, then timeout is not a good intervention to choose (Kerr & Nelson, 2002). It is most effective for behaviors that are maintained either by attention or tangible reinforcers, and if there is a high discriminability between the timeout environment and the reinforcing classroom environment (Turner & Watson, 1999). Often, timeout is used as part of a structured-behavior support plan (Paley, 2009), and is used in conjunction with other behavioral intervention techniques such as praise or a token economy system to increase the reinforcing qualities of the environment and therefore increase the effectiveness of the timeout procedure.

“Timeout from positive reinforcement” and “timeout from social reinforcement” have both been suggested as the original terms of what we today call “timeout” (Alberto & Troutman, 2003; Hall & Hall, 1980). Given that there are many different definitions and terms surrounding the timeout procedure, a broad range of timeout procedures and techniques has developed. Timeout is an aversive procedure on the continuum of behavior-reduction techniques. This continuum also includes environmental modification, differential reinforcement, response cost, overcorrection, aversive conditioning, and corporal punishment (Costenbader & Reading-Brown, 1995).

Timeout on a Continuum

Within the literature, there are several different forms and varying restrictiveness of timeout used within school districts. In general, timeout can be classified into three broad categories ranging from least restrictive to most restrictive; these are nonexclusionary timeout, exclusionary timeout, and seclusionary timeout.

The first category, nonexclusionary timeout, is considered the least restrictive of the forms. Instead of removing the student from the environment, this procedure involves removing the reinforcer. This way, the student is still able to observe the classroom instruction (Prochner & Hwang, 2008) but is denied the opportunity to participate or receive reinforcement from either peers or the teacher (Ryan, Peterson, & Rozalski, 2007).

A second category of timeout is exclusionary timeout. Wolery and colleagues (as cited in Ryan, Peterson, & Rozalski, 2007) defined exclusionary timeout as any procedure that (a) requires that a student be removed from instructional activities, (b) does not require the student to watch others (as in contingent observation or sit-and-

watch), and (c) does not require a student to sit in a specifically designated timeout room (seclusion timeout). Therefore, a child is removed from the immediate area of activity or the classroom.

A third category of timeout is seclusionary timeout. The Children's Mental Health Act (2000) defines seclusion as "the involuntary confinement of an individual alone in a room or area from which the individual is physically prevented from leaving" (Vaillancourt & Klotz, 2012, p. 1). It has most recently been defined by the Utah Administrative Code R277 (2015) as placing a student in an enclosed area by school personnel and/or purposefully isolating him or her from adults and peers where the student is prevented from leaving the enclosed area, or reasonably believes that he or she is prevented from leaving. This type of timeout is the most controversial and most frequently the subject of litigation (Wolf, McLaughlin, & Williams (2006), and requires the use of a separate room (Alberto & Troutman, 2003). Seclusionary timeout generally involves more restrictive procedures, which are discussed later.

Jenson and Reavis (1996) further divided the timeout continuum into 13 different types, as noted below.

Nonexclusionary Timeout

1. *Planned ignoring*. Planned ignoring involves the removal of adult attention for a specified period of time. This procedure is effective only if the adult attention during the "time in" is considered to be positively reinforcing by the student, and if other sources of positive reinforcement can be controlled (Kerr & Nelson, 1989).
2. *Withdrawal of materials*. Withdrawal of materials is more difficult to

implement because it requires students to be compliant enough to remain at their desk without materials or teacher attention. It involves the removal of a student's work materials with a comment.

3. *Timeout of a preferred item.* With timeout of a preferred item, an object that the student is regularly allowed to have in class is removed to a specific place for a specific amount of time. This procedure is effective only if the student is regularly allowed to have the object in class and considers it a special privilege.
4. *Timeout ribbon.* In the final intervention within this category, the timeout ribbon (Foxx & Shapiro, 1978), all students wear a ribbon around their neck or wrist while exhibiting positive behaviors, indicating that they are able to participate in classroom activities. When a student displays a maladaptive behavior, the ribbon is removed, and therefore also the attention from the teacher and the rest of the class. Four primary advantages to using the timeout ribbon procedure, according to Ryan, Peterson, and Rozalski (2007), include (a) a teacher does not have to remove a student from instruction; (b) when in timeout, students can observe other students behaving appropriately; (c) the teacher and other adults in a classroom can clearly see who is eligible for reinforcement; and (d) the ribbon clearly signals students when reinforcement is available and when they are in timeout.

Exclusionary Timeout

5. *Contingent observation.* Contingent observation removes the student from the instructional environment for a specified amount of time; while removed, the

student may be able to observe the classroom, but he or she is not able to participate. While the child is away from the group, it is assumed he or she will observe the other students being positively reinforced for appropriate behavior by the teacher and will imitate the appropriate behavior when he or she returns to the group (Heron, 1987).

6. *No-look timeout.* No-look timeout does not allow the student to observe or participate in the activities in the classroom. The child remains in the setting but is placed so that he or she cannot observe what is going on.
7. *Head down timeout.* Head down timeout requires that the student close his or her eyes and place his or her head down on the desk for a specified amount of time. This procedure is effective only with compliant students.
8. *Timeout to the hall.* Timeout to the hall may be the most common form of timeout used. The student is sent to sit out in the hallway. It is important that this form of timeout be used only with students who will not find the removal from the classroom or teacher rewarding, and who are not using it as a way to escape an academic task or demand. This procedure may not be appropriate for children who do not follow a teacher's directions (Heron, 1987).
9. *Timeout to another classroom.* Timeout to another classroom is similar to timeout to the hall except that prior arrangements are made with a teacher of a different grade level (preferably 2 years difference) to whose classroom the student may be allowed to go. A specific location within the classroom should be established beforehand and it should be expected that the student will complete academic work while there (Jenson & Reavis, 1996).

10. *In-school suspension.* In-school suspension typically involves the removal of a student to a designated room for long periods of time, anywhere from an hour to a full day of school. Students are required to complete academic work while in suspension and, although students are supervised, limited interaction takes place. Because in-school suspension keeps students in the school environment, it is possible for school officials to both punish inappropriate behavior and intervene in a positive manner with students (Blomberg, 2004).
11. *Visual screen timeout.* A more restrictive technique includes visual screen timeout, in which a student wears a headband over his or her eyes for a specified period of time. This form of timeout is primarily used with students who use their eyes for purposes of self-stimulation, such as with students with autism or an intellectual disability (Jenson & Reavis, 1996).
12. *Movement suppression.* With movement suppression, the student is required to stand with chin and feet against a wall and is reprimanded for talking or moving for a period of up to 3 minutes. This form of timeout is the most restrictive, is more controversial, and requires specific training (Jenson & Reavis, 1996).

Seclusion

13. *Timeout to a specific room.* Timeout to a specific room is a procedure that requires a specifically designated room that is not used for other purposes. Misbehaving students are placed in the timeout room while an adult observes from outside the room. Some states or districts may have strict policies and

guidelines regarding the use and specifications of such rooms, including appropriate size, lighting, ventilation, temperature, and ability for staff to observe students, and specification that the room should be free of all objects that could injure a student (Ryan, Peterson, & Rozalski, 2007).

Gast and Nelson (1977) suggested five specifications for the proper construction of a room used for seclusionary timeout. First, the room must be at least 6 by 6 feet in size. Second, the room must be properly lighted. Third, the room must be properly ventilated. Fourth, the room must be free of objects and fixtures with which students can be harmed. Finally, the room must allow an adult to continuously monitor the student's behavior, both visually and orally. Kerr and Nelson (1989) recommended also recording each seclusionary timeout.

Timeout rooms may constitute seclusion if students are involuntarily placed in a room and prevented from leaving (United States Government Accountability Office, 2009). The Wisconsin Department of Public Instruction (2005) suggested that removing a student from the general activity and isolating him or her in a separate supervised area/room for a set period of time, or until the student has regained control, is considered seclusion. The Council for Children with Behavioral Disorders (CCBD) defined seclusion as the involuntary confinement of a student placed alone in a room or area from which he or she is physically prevented from leaving, including situations in which a door is locked, blocked, or held by staff (United States Government Accountability Office, 2009).

Teachers' and administrators' abilities and competencies in managing aggressive student behaviors in the schools has been a major concern in both general and special

education settings. If schools are to meet the needs of all students, behavioral strategies utilized by teachers are one aspect of the education system that must be examined. Given the breadth of this spectrum of behavioral interventions, it is important for educators to implement these procedures from the least restrictive to the most restrictive. Increasing the awareness of these categories will help eliminate the confusion surrounding these practices.

Confusion and Differences With Timeout and Seclusion Practices

Timeout and seclusion are often confused for several reasons. A general overview of these differences is shown in Table 1. Timeout is defined simply as a strategy used to reduce inappropriate behavior by denying the student access, for a fixed period of time, to the opportunity to receive reinforcement (Alberto & Troutman, 2003). It is an intervention that involves removing or limiting the amount of reinforcement or attention that is available to a child for a brief period of time (Dunlap, Ostry, & Fox, 2011). Therefore, timeout is primarily used as a behavior-management technique. Seclusion, on the other hand, is the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving (Council for Children with Behavioral Disorders, 2009) for a longer duration of time; generally at least 55 minutes.

Although commonly used for a variety of purposes, most professionals believe that seclusion is warranted only when a student's behavior is so out of control or so dangerous that the student's behavior in the current environment poses a risk of injury to the student or others (Council for Children with Behavioral Disorders, 2009). Seclusion, therefore, is reported to be the most commonly used technique to protect staff and clients. Seclusion, though, differs from timeout, as timeout does not prevent students from

Table 1
Differences Between Timeout and Seclusion

Practice	Timeout	Seclusion
Use	Behavior-management technique	Technique to protect staff and client
Duration	Short periods of time	Minimum of at least 55 minutes
Materials	Separation gradient; usually unlocked	Shut and frequently locked door
Effectiveness	Needs a reinforcing environment to be successful	Needs only a separate room
Implemented	Mostly by parents or guardians and educators	Generally ordered by a licensed professional such as a physician
Procedure	Generally planned and listed on an individual education plan (IEP)	Generally an emergency protective procedure
Restrictiveness	Generally does not restrict the movement of the person	Under law (Children’s Health Act, 2000), defined as physically restricting or immobilizing the person
Regulations	Not generally regulated under Medicaid and Medicare	Generally regulated by Medicaid and Medicare
Involvement	May be unnecessary to obtain parent or guardian agreement if within the classroom	Should always be discussed and agreed to by the parent or guardian before implementation

leaving an area, despite the fact that students may perceive that they are prevented from leaving. In some instances, students may actually have chosen to place themselves in timeout in order to “cool down.”

Timeout can be used as a component of an approved behavior-support plan when it involves removing a child from an activity, taking materials or interactions away, or having the child sit out of an activity away from attention or interactions (Dunlap et al., 2011). Timeout procedures vary in level of restriction and isolation, depending on the extent to which the individual is removed from positive reinforcement following an

inappropriate behavior (Gast & Nelson, 1977; Harris, 1985; Polsgrove, 1982; Rutherford, 1978); however, for timeout to be successful, it is contingent upon removing a student from a reinforcing environment for a short period of time. Because some forms of timeout can take place within the classroom environment itself, limited materials are needed to implement this strategy. This may include the use of a separation gradient, which is usually unlocked. To implement seclusion, on the other hand, it is necessary to have a separate room with a door that can be locked, blocked by other objects, or held by staff.

While timeout procedures are generally planned and listed on a student's individualized education program (IEP), it may be unnecessary to obtain parent or guardian agreement if used within the classroom setting; however, because seclusion is defined under the Children's Health Act (2000) as physically restricting or immobilizing a person, it should always be discussed and agreed to by the parent or guardian before implementation. In most situations, seclusion is used as an emergency protective procedure that is ordered by a licensed professional such as a physician; therefore, it is important for professionals to discuss this procedure with guardians at this time. In most medical, psychiatric, and law-enforcement applications, strict standards govern the use of seclusion because Medicaid and Medicare generally regulate its use. Hospitals and treatment centers that receive federal funds are governed by federal legislation regulating their use of both restraint and seclusion (Council for Children with Behavioral Disorders, 2009); however, timeout is not regulated under Medicaid and/or Medicare because it is primarily used only by parents or guardians and educators.

Seclusion as an intervention originated in psychiatric treatment facilities and was

often considered to have therapeutic value (Westling, Trader, Smith, & Marshall, 2010). The Children's Health Act of 2000 protects children from abusive seclusion and restraint practices in facilities that receive federal funding such as Medicaid (Vaillancourt & Klotz, 2012); however, a study conducted by Millstein and Cotton (1990, as cited in Westling et al., 2010) explored the use of seclusion with 102 children in a psychiatric treatment setting. The researchers found that seclusion was used more frequently on Mondays and Wednesdays, when staff members were the busiest, and during the most stimulating and demanding times on the unit. They further found that the use of seclusion did not differentiate among the children in their ability to cope with the environment, and there was an increase in the time a child spent in seclusion with each occurrence rather than the expected decrease in time related to learning new behavior from the experience.

Seclusion can be confused with timeout, as these two terms are often used interchangeably, but they have very different meanings (Vaillancourt & Klotz, 2012). Confusion between seclusion and timeout often results from the broad continuum of these techniques; however, the lack of guidelines or accreditation standards and training in schools makes those who use these techniques more susceptible to misunderstanding, improper implementation, and abuse (Council for Children with Behavioral Disorders, 2009).

Misuse and Abuse of Timeout and Seclusion Practices

There is some ambiguity about the use of the timeout technique (Gartrell, 2001). The use of punishment in special education settings has been criticized by concerned professionals and parents on moral, legal, and ethical grounds (Gresham, 1979). Part of the reason for the misuse of punishment lies in the apparent misunderstanding by both

professionals and parents regarding the definition of punishment, particularly timeout (Gresham, 1979). As described by Gresham (1979), according to operant learning theory, timeout is a punishment procedure whereby an aversive stimulus (removal from all forms of reinforcing stimuli) is made contingent upon a response, which decreases the future probability of that response; however, if behavioral rates increase subsequent to the implementation of timeout, then the timeout contingency is thereby functioning as a reinforcer, because reinforcers increase the behavior that they follow. In addition, the difference between extinction and timeout is that in extinction, reinforcement is withheld for a particular behavior, while in timeout, the student is denied access to all sources of reinforcement through either transferring the student to a nonreinforcing situation or removing the source of reinforcement from the present situation (Benoit & Mayer, 1975). Effective management of behavior should always start with praise and encouragement for prosocial behaviors and self-regulation, and be accompanied by distraction, redirection, withdrawal of attention, and logical and natural consequences (Dunlap, Fox, Hemmeter, & Strain, 2004).

Staff training has been shown to have an impact on the use of seclusion and restraints (Benedictis et al., 2011). Staff training focused on the dangers of physical restraint and seclusion, as well as training in evidence-based positive behavior interventions and supports, de-escalation techniques, and physical restraint and seclusion prevention can reduce the incidence of injury, trauma, and death (Stewart, 2011). Timeout has great potential for misuse and abuse if staff are untrained or if implementation is inconsistent (Jenson & Reavis, 1996), or when timeout is overused or used incorrectly (Dunlap et al., 2004). The following are indications gathered from

Dunlap et al. (2004) that timeout is not working and may be creating problems and a negative atmosphere in the classroom:

1. Teachers are threatening children with “time out” if they do not behave.
2. Certain children are repeatedly in timeout, day after day for long periods of time.
3. Timeout is being used when the teacher wants a break from the child.
4. Children are teasing the child when he or she is in timeout.
5. Timeout is used as the only approach to dealing with problem behaviors, rather than as a strategy used in conjunction with many other classroom-management strategies.
6. Teachers engage in a physical struggle to guide the child to timeout or hold the child in the timeout chair.
7. Placing a child in timeout is accompanied by scolding, or berating the child.

Jensen and Reavis (1996) suggested ensuring that procedures are followed by:

1. Requiring each staff member to read the procedures, take a test on the content, and periodically review the procedures.
2. Keeping each staff member’s tests on file to document his or her basic knowledge of the procedure.
3. Having each staff member experience the timeout procedure.
4. Always having the timeout procedures on file and have the procedures taped to the timeout room door.

Professional training in crisis intervention, including the appropriate use of

restraint and seclusion, promotes staff and student safety in schools utilizing these procedures (Yankouski, 2012). A pilot study conducted by Ryan, Peterson, Tetreault, and Vander Hagen (2007) reviewed the effects of professional staff training in crisis management and de-escalation techniques on the use of seclusion timeout and restraint procedures with at-risk students in a Kindergarten–12 special day school program in Minnesota. A pre/post study was conducted over a 2-year period, comparing the use of these behavior-management interventions when all staff members were provided crisis intervention training. Results showed that professional staff training was effective in reducing seclusion timeout procedures by 39.4% and physical restraints by 17.6%. Overall, there were 288 fewer timeout procedures performed during the academic school year following staff training. In addition, a brief survey was completed by 93.75% of all staff members. Survey results suggest that the majority of staff (90%) reported using inclusion timeout procedures with students. The study also found that staff members were not initiating seclusion timeout procedures primarily for the reasons noted in their training (e.g., physical aggression), but rather were initiating them for nonviolent behaviors such as leaving an assigned area and disrupting the classroom environment (Ryan, Peterson, Tetreault, & Vander Hagen, 2007).

The United States Government Accountability Office (GAO, 2009) discovered hundreds of allegations of death and abuse due to the use of seclusion and restraints at public and private schools across the nation between 1990 and 2009. The GAO also examined the details of 10 restraint and seclusion cases in which there was a criminal conviction, a finding of civil or administrative liability, or a large financial settlement. These cases shared the following common themes:

1. They involved children with disabilities who were restrained and secluded, often in cases in which the child was not physically aggressive and the parents did not give consent.
2. Restraints blocked air to the lungs and were deadly.
3. Teachers and staff in the cases were often not trained in the use of seclusion and restraints.
4. Teachers and staff from at least 5 of the 10 cases continued to be employed as educators.

The GAO (2009) reported that in Texas, public school officials stated that they restrained 4,202 students 18,741 times during the September 2007–June 2008 academic year. During the same period, California officials reported 14,354 instances in which students were subjected to restraint, seclusion, or other undefined “emergency interventions” in public and private schools. More than 20% of the nation’s children reside in these two states (GAO, 2009).

Examples of cases that were identified in the GAO’s (2009) testimony on seclusion and restraints include a 7-year-old female who was diagnosed with Asperger’s syndrome. The student was attending a public school in California where she was often secluded in a walled-off area in the back of the classroom when she refused to do her work. Although it was reported that the teacher had received training on applying restraints, the girl was injured on more than one occasion from being physically restrained, including having an arm fractured. The parents requested that the use of physical restraints be discontinued; however, these requests were ignored. The teacher, multiple school officials, and the school district were found liable for negligence and civil

rights violations, and the family was awarded a financial settlement.

A 9-year-old male with a learning disability who was repeatedly secluded in a timeout room while enrolled in second grade in a New York public school was another case. The student's IEP specified that the school could put the child in a timeout room to correct inappropriate behavior, but only as a last resort; however, the school's records showed that the child was placed in the timeout room regularly: 75 times over a 6-month period during the 1992–1993 school year. The reasons included “whistling” and “waving hands.” The child was escorted out of the classroom in front of his peers and down the hallway to another room. Once inside the timeout room, a staff person would physically hold the door shut to prevent the child from leaving. The timeout room was shown to have no ventilation; it was small, approximately the length of an adult arm span; and it was lined with ripped and dirty padding which smelled of “dirty feet and urine.” This student's family was also awarded a financial settlement in a lawsuit.

Another case involved the death of a 14-year-old male after his middle school teacher at a public school in Texas restrained him. This boy suffered from posttraumatic stress disorder after being neglected and emotionally and physically abused. He was diagnosed with conduct disorder, oppositional defiance disorder, attention deficit hyperactivity disorder, and narcissistic personality disorder. He was in a special education class that focused on behavior management. After the boy refused to sit, the teacher forced him into a “basket hold” restraint, standing behind him and grabbing his wrists so his arms crossed over his torso while he sat. Because he continued to struggle, the teacher rolled him onto the ground, face down, into a “therapeutic floor hold,” and lay on top of him. Although the child repeatedly said that he could not breathe, the hold

continued until an administrator asked that the boy be released, saying the restraint time period had passed. The boy was already unresponsive at this time and was pronounced dead at the hospital. The cause of death was mechanical compression of the trunk by the teacher. At the time of the GAO report, the teacher was reportedly still working at a public high school in Virginia.

Westling et al. (2010) conducted a study using a Web-based questionnaire that targeted parents and guardians of current or former students with disabilities who were affiliated with the constituent organizations that comprise the Alliance to Prevent Restraint, Aversive Interventions, and Seclusion (APRAIS). Participants were either contacted by their organization by email, with a requirement to participate in the study; saw a notice of the study on an APRAIS member's organization Web site; or were forwarded an email by someone else. Of the 1,300 respondents, 837 reported that their child had been subject to aversive procedures; 597 reported that seclusion was used while in school.

Respondents reported that the special education classroom was the primary education setting in which procedures were used (347; 40.8%); 532 (68%) reported that their child was forcefully moved into another room or area 163 (20.8%) reported that their child was placed in a dark isolated box or other prolonged physical isolation; and 574 (84.4%) indicated that their child was prevented from leaving the seclusion setting. Respondents reported that aversive procedures were used on their child between 1 and 10 times per school year (40.2%), lasting 5 to 30 minutes (21.0%). In addition, emotional trauma was reported by 601 (92.2%) of the respondents; 325 (38.6%) reported never being contacted about the occurrence of an aversive procedure, and 566 (67.3%) reported

never giving consent for use of the procedure.

In order to change behavior-management practices in meaningful ways, teachers not only need to learn research-based behavioral practices, but must also alter their current practices through a revised process of professional development and gain support in implementation to ensure intervention integrity and efficacy (Witt, VanDerHeyden, & Gilbertson, 2004). A study conducted by Taylor and Miller (1997) showed that both treatment integrity and the function of a student behavior problem were related to timeout success or failure. Educators can develop and maintain learning environments in which disruptive behaviors are minimized and skill instruction and practice time are maximized (Siedentop, 1991).

Timeout is a complicated and intricate intervention, involving far more than simply withdrawing an individual from ongoing activities and then returning him or her after a predetermined period of time (Wolf et al., 2006); it must be used carefully and wisely with students. If used correctly and sensibly, timeout can be a highly effective and appropriate behavior-management tool, particularly when applied in combination with positive behavioral supports and reinforcement procedures; however, timeout is a technique that can be easily abused if it is applied too frequently or incorrectly. There is vague information regarding requirements for staff training, district procedures, and school-wide policies, yet allegations of abuse, injury, and death are on the rise and are receiving national recognition by leaving school districts accountable for financial restitution. As reported by Cousins (2011), there is no statewide system for reporting when restraint or seclusion techniques are being used, meaning no one knows how prevalent these methods are on a statewide basis.

Regulations on Seclusion and Timeout

Regular education classrooms are now most likely the least restrictive environments for students with emotional and behavioral difficulties, and therefore teachers are faced with the challenge of meeting the needs of all students while ensuring a safe environment. Students with emotional and behavioral disorders are more likely to face disciplinary exclusions (Smith, Katsiyannis, & Ryan, 2011). As reported by Morgan, Loosli, and Striefel (1997), state departments of special education (SDSE) are responsible for establishing standards related to using disciplinary procedures with students who have disabilities. The objectives of SDSE are to safeguard the rights of students with disabilities in public schools.

Information provided by the GAO (2009) reports that 19 states have no laws or regulations for the use of seclusion or restraints in schools. Seven states place some restrictions on the use of restraints but do not regulate seclusion. Seventeen states require that selected staff receive training before being permitted to restrain children. Thirteen states require schools to obtain consent prior to using foreseeable or nonemergency physical restraint, while 19 require parents to be notified after restraints have been used. Two states require annual reporting on the use of restraints and eight states specifically prohibit the use of prone restraints or restraints that impede a child's ability to breathe. Nevertheless, in the public school setting, due process challenges to the use of seclusion and restraint have generally been rejected if such tactics are deemed to be reasonable, especially if such use constitutes a routine disciplinary technique (Jones & Feder, 2009).

As of April, 2012, there were 30 states that had either a statute or regulation providing protection against seclusion and restraint of students (Vaillancourt & Klotz,

2012). According to Vaillancourt and Klotz (2012), however, only 13 states had laws or regulations that covered all students, whereas others only protected students with disabilities. As reported in the United States Department of Education (2012) Restraint and Seclusion Resource Document, Secretary Duncan encouraged each state to review its current policies and guidelines on the use of restraint and seclusion in schools. In addition, Secretary Duncan urged the publication of these policies and guidelines so that administrators, teachers, and parents would understand and consent to the limited circumstances under which these techniques may be used; to ensure that parents are notified when these interventions occur; to provide the resources needed to successfully implement the policies; and to hold school districts accountable for adhering to the guidelines (United States Department of Education, 2001).

The Wisconsin Department of Public Instruction (2005; see also Bickel, 2010) recommended several guidelines for the use of seclusion. These include but are not limited to completing a functional behavioral assessment (FBA) and developing a behavior intervention plan (BIP), including the use of seclusion in the student's IEP/BIP, teaching students what to expect when seclusion is being used, setting criteria for ending the seclusion period, maintaining adult supervision, developing written procedures so that the use of seclusion is consistent and planned in advance, keeping a log or incident report and evaluating this regularly, and consulting with local building inspectors to determine if the seclusion area meets applicable codes. It is also stated that removing a student from the classroom activity to a seclusion room or area is a significant intervention, and that it is important, as with any behavioral intervention, to use the least-restrictive intervention appropriate for the situation at hand (Wisconsin Department of Public Instruction, 2005).

These regulations reflect several best practices, as reported in Table 2.

Similarly, the Colorado Department of Education (2000) developed guidelines that begin with defining nonexclusionary timeout, exclusionary timeout, and seclusion timeout. The Colorado Department of Education (2000) reported that these guidelines had been taken from recommended practices in the literature, from Gast and Nelson (1977), Nelson and Rutherford (1983), and Yell (1994) as well as being based on federal court decisions. These guidelines state that timeout must serve a legitimate educational function, that it should be used only in a manner commensurate with recommended practice and proportionate to the intensity of the behavior, that the IEP team should be involved in making decisions concerning the use of behavior-reduction procedures such as timeout, that local policies should be aligned with state guidelines regarding the use of timeout, and that written classroom procedures should be developed.

In 2009, the New York State Commissioner assigned staff members to

Table 2

Several State-Reported Regulations in Following Best Practices

Best Practices	CO	KY	WI	UT	FL	VT	NY
Staff training	Yes	--	Yes	--	--	--	--
Obtain consent report	Yes	Yes	--	Yes	--	--	--
Complete FBA/BIP	Yes	--	Yes	--	--	--	--
Included in IEP	Yes	Yes	Yes	--	--	--	--
Adult supervision	Yes	--	Yes	--	Yes	--	--
Keep incident log	Yes	Yes	Yes	--	--	--	--
Room specifications	Yes	--	Yes	--	Yes	--	Yes
Prior use of least-restrictive interventions	Yes	Yes	Yes	Yes	--	--	Yes

immediately review, and if appropriate revise, the state policies and guidelines to ensure that every student in every school is safe and protected from being unnecessarily restrained or secluded (United States Department of Education, 2001). The State does not regulate the use of timeout, but does regulate the use of a separate room where a student may be removed for purposes of “time out” (New York State Education Department, 2011). These regulations require that physical space used as a timeout room must provide a means for continuous visual and auditory monitoring, be of adequate length and height, have wall and floor coverings to prevent injury, have adequate lighting and ventilation, have a temperature consistent with the rest of the building, and be free and clear of objects and fixtures; in addition, the door must remain unlocked and able to be opened from the inside. It has also been suggested that each state-operated school develop regulations that promote the use of positive behavioral supports and interventions (United States Department of Education, 2001).

The Kentucky Department of Education (2000) stated that there are no federal or state regulations that address the use of seclusionary time out; however, they did offer suggestions as guidelines to consider when planning for the use of seclusionary time out with students. These guidelines include but are not limited to obtaining parent permission, using time out in conjunction with other less-restrictive approaches, having behavioral interventions written into IEPs, avoiding excessive use, and maintaining written records.

Several states, including Florida and Vermont, reported having no state laws related to the use of restraint and seclusion in public and private schools; however, guidelines are in discussion (United States Department of Education, 2001). According to the U.S. Department of Education (2001), the state of Utah also has no policies or

guidance addressing seclusion and restraint; however, the State Board of Education requires the state to develop, review regularly, and provide to local school boards and charter schools' governing boards model policies to address disruptive student behavior. The State Board of Education also suggests that the IEP team consider the use of positive behavioral interventions and supports to address behaviors and contact a student's parents within 24 hours if an intrusive intervention is used in an emergency situation (United States Department of Education, 2001).

Because guidelines vary by state, it is important for teachers to carefully review and adhere to any state, local, or service agency policies and procedures regarding the use of timeout (Bureau of Exceptional Education and Student Services, 1992). Ryan, Peterson, and Rozalski (2007) contacted the State Education Agency (SEA) for each state in order to determine which states currently have established policies or guidelines concerning the use of timeout in educational settings, and determine whether these policies contained key elements that had been previously identified as important. The SEA for each state was asked to provide copies or references of their state policy or guidelines concerning the use of timeout and seclusion within their public schools.

This study was able to identify 24 states that had either established an official policy (17 states) or provided suggested guidelines (7 states) for their school systems to follow when utilizing timeout procedures. Of the 24 policies, only 12 were identified that required school systems to develop written procedures for the use of seclusion, whereas 16 had established requirements for rooms used for seclusion. Fifteen states (62%) required parental notification of the use of seclusion timeout, and even more (21; 87%) required documentation of each timeout event. Fifteen (62%) also recommended or

required staff training if seclusion timeout was to be employed. Four (17%) specified 12 to 15 minutes maximum for elementary-school-aged students, whereas six (25%) required no more than a 20- to 30-minute maximum, or that students must at least be reassessed after that period of time; four more specified 55 to 60 minutes as the limit. As a result, even though states may have policies, there is some question as to whether they meet the needs for guidance and oversight suggested in the literature (Ryan, Peterson, & Rozalski, 2007).

In July of 2009, the United States Secretary of Education, Arne Duncan, sent a letter to the chief state school officers and encouraged them to review current policy and procedure related to seclusion and restraint, revise them if appropriate, and hold schools accountable to these policies (Vaillancourt & Klotz, 2012); however, because there has been limited focus on how best to teach parents and treatment staff to implement timeout effectively and how to use it appropriately with children (Warzak et al., 2012), it is more likely that these practices will be misused.

The least-restrictive environment for most students is the regular education setting, and therefore, teachers are faced with having to implement disciplinary strategies to ensure the safety of all students. Although each state's department of special education is responsible for establishing standards relating to discipline and the rights of each student, it has been recognized that states differ with their laws and procedures regarding the use of timeout procedures. Each district that uses timeout has the responsibility for developing procedures that are educationally appropriate and that ensure the provision of a safe learning environment at all times (Bureau of Exceptional Education and Student Services, 1992). Schools utilizing these procedures should have well-established school

policies, provide staff training in their appropriate use, and offer careful administrative oversight (Yankouski, 2012). Although timeout may be permissible within the school system if used correctly, the lack of specific guidelines makes implementing timeout difficult. It is important for all school personnel to be aware of district policies and parental concerns before implementing procedures (Wolf et al., 2006). Although timeout procedures are regulated, there is no guarantee on how they are practiced, yet teachers and schools are being held accountable. It is important to understand how timeout is being utilized in the educational setting so that proper state and federal regulations may be established and implemented.

Research Into the Practice of Timeout and Seclusion

A number of interventions have been targeted for use with students with disabilities, particularly students with behavioral disorders and/or emotional disturbance, in order to reduce inappropriate behaviors that result in loss of learning time and pose a threat to the safety of the student or others in the classroom setting. Interventions such as timeout (Elliott, Witt, Galvin, & Peterson, 1984; Kazdin, 1981; Ruhl, 1985), overcorrection, token economies, physical restraint, praise, reprimands (Reavis et al., 1996), suspension, detention, problem solving, redirection, ignoring, counseling, parental involvement (Stage & Quiroz, 1997; Zins, Curtis, Gradin, & Ponti, 1988), administrative intervention, and corporal punishment (Gershoff, 2010) have been used in attempts to decrease behavioral excesses and reduce behavior deficits.

Within the classroom, timeout is considered an effective strategy to decrease unwanted behaviors when used immediately after the unwanted behavior; however, removal from the classroom environment must be deemed as negative to the student.

Successful implementation of timeout will result in the change or reduction of the intensity, duration, or frequency of the undesired behavior. Following a disruptive behavior, a typical timeout sequence consists of (a) a teacher demand (e.g., “You have a timeout.”); (b) a latency period between the end of the teacher demand and the initiation of student compliance to the demand; (c) the student engaging in the timeout behavior; (d) the termination of timeout, usually indicated by a teacher cue or prompted by appropriate student behavior; and (e) student reentry into classroom activity or task (Grskovic et al., 2004). In addition, the use of seclusion and restraint in school settings may enable the student to remain in a less-restrictive environment (e.g., a public school program) instead of requiring an institutional or hospital setting (Wisconsin Department of Public Instruction, 2005).

In 1986, a survey was sent to special education teachers in order to identify variables associated with the use of timeout. Among those variables identified were restrictiveness of placement and age of the child. The survey was sent to all teachers listed by the state department of education in Kansas and Nebraska who were teaching behaviorally disordered students and to teachers listed as serving preschool handicapped children. As reported by Zabel (1986), the questionnaire included three sections. The first section dealt with teacher information such as age, education completed, certification held, and number of years in educational positions. The second section, titled class description, asked for information on the program model (self-contained, resource, other), age level of students, number of students, and availability of a paraprofessional. A third section dealt directly with timeout definitions and procedures.

Teachers were first asked if they used a system they described as timeout; they

were then given a definition of timeout by Alberto and Troutman (1982) and asked if they agreed with the definition. Additional questions concerned various parameters of timeout usage, average length of placement in timeout, whether timeout was immediate or delayed, if a separate timeout facility was available or if a part of the room was used, if physical persuasion was used if a child refused to go to timeout, if there was a timeout monitor and who filled that role, if a reentry conference was used, and if the child was expected to return quietly to the ongoing program. Legal and ethical guidelines were examined by asking if the district had written guidelines on the use of timeout, if teachers kept a written log, and if parents were aware and supportive of the procedures. Teachers were finally asked to identify all of the behaviors that were likely to result in timeout, and which one behavior most frequently resulted in timeout (Zabel, 1986).

The 730 responses from a single mailing constituted a 63% return rate (Zabel, 1986). Results suggested that younger teachers were more likely to use a timeout procedure, with the ages of those who responded ranging from 22 to 69 years. The use of timeout was found to differ by official categories of classes, with 76% of the teachers of emotionally disturbed students, 51% of the learning disabled class teachers, 87% of the early childhood handicapped class teachers, 61% of the educable mentally handicapped class teachers, and 64% of the interrelated or cross-categorical class teachers reporting the use of the procedure (Zabel, 1986). Teachers in self-contained special educational classrooms reported using timeout more frequently than did teachers of resource rooms. Teachers of younger children reported using the technique more frequently than did teachers of older children and youth.

Of those who responded, 86% agreed with the Alberto and Troutman (1982)

definition of timeout: “Timeout is a behavior reduction procedure in which the student is denied access, for a fixed period of time, to the opportunity to receive reinforcement” (p. 17). Respondents to Zabel’s survey reported that they used the timeout procedure about five times per week and that, on average, each child remained in timeout for 12 minutes. Verbal aggression and physical aggression were the two behaviors most frequently reported to result in timeout. About half of the respondents reported that they kept a log of their use of timeout, and less than a quarter of the sample reported that their school district had written guidelines for the use of timeout procedures (Zabel, 1986).

Warzak et al. (2012) analyzed 26 years of published abstracts to investigate trends in timeout research and the extent to which researchers have addressed parental and staff concerns that impede effective implementation of this evidence-based procedure. Their research indicates that recent literature supports the general acceptability of timeout, suggesting that difficulty of implementation, and not treatment acceptability, is the typical obstacle to common and effective use of timeout. In addition, the results showed decreasing timeout research over time, with limited focus on how best to teach parents and treatment staff to implement timeout effectively and how to use it appropriately with children. As stated by Warzak et al. (2012), with the decline in timeout research in recent years, there is also a lack of consideration of variables that may be affecting timeout, such as cultural, psychosocial, and socioeconomic factors.

Ryan, Peterson, Tetreault, and Vander Hagen (2007) performed a pilot study to identify the current use of seclusion and restraint procedures in a special day school for students with emotional behavioral disorder (EBD) and to determine if staff training in de-escalation procedures would reduce the use of seclusion and restraint procedures. The

pilot study was conducted in a public special day school for students with EBD in a medium-sized city in Minnesota. Participants for the study were 42 students who attended at least 75 school days during both the 2002–2003 and 2003–2004 academic school years. There were 40 males and 2 females, of whom 37 were White, 3 were Native American, and 2 were African American. Within the school district, teachers were required to follow a school-wide behavior intervention plan that required staff to employ an array of interventions from the least-restrictive form of intervention (inclusion timeout) to more restrictive procedures (seclusion timeout), whereby the latter could be used only when the former had been employed without success.

For the study, staff members were trained throughout the 2003–2004 academic school year in conflict de-escalation using therapeutic intervention, a curriculum developed by the Minnesota Department of Human Services, and in the Crisis Prevention Institute's (CPI) Nonviolent Crisis Intervention Training. A staff questionnaire was administered to all of the 32 educational staff (i.e., teachers, educational assistants, administrators) assigned to the school. The 44-item questionnaire was designed to determine four factors: current school policies regarding restraint and timeout procedures, frequency with which these procedures were currently used, level of training staff received regarding de-escalation strategies and restraint procedures, and level of agreement between administrative policy and actual implementation of restraint and timeout procedures with students.

Results showed that staff performed 173 (39.4%) fewer seclusion timeouts and 12 (17.6%) fewer manual restraints following the staff training on de-escalation techniques. During the 2002–2003 academic year, 25 students were placed in seclusion timeout a

total of 439 times; the number of timeouts per child ranged from a single event to a maximum of 43 times. In comparison, during the following school year staff administered 266 seclusion timeouts with 21 students, a 39.4% reduction. During the 2002–2003 academic year, school staff performed 68 physical restraints on nine different students. The following academic year, physical restraints were implemented only 56 times with five different students, a reduction of 17.6%. Therefore, results suggest that professional staff training in de-escalation techniques appeared to have been effective in reducing the use of both seclusion and restraint procedures by staff within the special day school.

Although the practices of timeout and seclusion are becoming more widespread within the educational environment, research in this area has decreased over time. Little research has been conducted since the Zabel study in 1986 regarding the actual use of timeout, although there is some research that defines the parameters of and procedures with regard to timeout. Given the legal implications surrounding the implementation of timeout procedures, more research in this area is crucial.

Legal Issues of Timeout

Legal and ethical considerations are a primary concern when trying to manage behavioral concerns in children and adolescents (Schimmelmann, 2011). Despite controversy surrounding their use, a lack of research supporting their efficacy, and a number of lawsuits and due process hearings that have been brought against teachers who have relied on these procedures, seclusion timeout and physical restraint (Marquez, 2009-2010) are frequently used in public schools (Rozalski, Yell, & Boreson, 2006). Dan Domenech, the executive director of the American Association of School Administrators,

the group that represents school superintendents, has been quoted as saying that restraint and seclusion should be used “sparingly,” but that they are necessary tools for teachers (Shapiro, 2014).

In addition to the responsibility of maintaining safety and order in schools, educators need to be aware of legal constraints when disciplining students. These constraints, which come from state governments, the federal government, and the courts, impose certain conditions on educators’ rights and responsibilities when using disciplinary procedures with public school students, especially with those students having disabilities (Yell & Rozalski, 2008). An analysis of data reported by Gagnon, Mattingly, and Connelly (2014) suggests that students with disabilities are restrained and secluded at considerably higher rates than are students without disabilities.

Rozalski et al. (2006, as cited in Ryan, Peterson, & Rozalski, 2007) had developed 10 key principles in policies regarding the use of timeout in school settings, including having state education agencies require public school districts to develop timeout policies, develop training for staff, make sure these procedures are included in IEPs and behavior plans, gather data on the use of these procedures and assess their efficacy, and provide administrative oversight. The authors reiterated calls that these procedures be used only as a last resort when less-restrictive interventions have failed.

There are several examples of case law regarding behavior-reduction techniques in response to the lack of federal guidelines on the use of these procedures. The procedures that have most frequently been the subject of litigation are the suspension and expulsion of children with disabilities (Wolf et al., 2006). One case, cited in Zirkel (1998), is a federal district court decision in Tennessee (*Orange v. County of Grundy*, 1996); it

states,

Involving a high school student, who had not been classified under the IDEA or Sec. 504/ADA, yet had a bladder condition requiring self-catheterization. After inadvertently wetting herself, she went home to change her clothes but, due to embarrassment, without obtaining permission to leave the building. As a result, she was subject to isolation in a small textbook-storage room, which was the school's form of in-school suspension. Her parents and those of another student subject to this procedure filed suit based on Fourteenth Amendment procedural and substantive due process. The court rejected the district-defendants' motion for summary judgment, concluding that the allegations that the school officials had not provided even the most informal level of notice and a hearing and that they had kept the students there separately for an entire day each, without allowing them to use the bathroom and without warning them that they could not leave the room for lunch, were sufficient to warrant a trial. (p. 113)

Often, cases are brought against districts concerning the use of timeout with behavior disorder or special education students. Four such cases involved were *Cole v. Greenfield-Central Community Schools* (1986), *Dickens v. Johnson County Board of Education* (1987), *Hayes v. Unified School District No. 377* (1989), and *Honig v. Doe* (1988; Wolf et al., 2006). All of these court cases involved lawsuits brought by parents against teachers, principals, and school districts that used exclusion and seclusion/isolation timeout or similar procedures to reduce the undesirable behaviors of students with behavior disorders (Yell, 1994). In the lawsuits and due process hearings on seclusion timeout, plaintiffs typically based their cases on one of two legal paths. One path is that the school's use of seclusion timeout violated their child's educational rights under the Individuals with Disabilities Act (IDEA; 1997) or under Section 504 of the Rehabilitation Act (Section 504; 1973). A second path is that by using seclusion timeout, the school violated their child's individual rights under the Fourth Amendment to the United States Constitution or that they violated the student's procedural or substantive due process rights under the Eighth and Fourteenth Amendments (Rozalski et al., 2006).

Basic constitutional rights of students include freedom from incarceration and cruel and unusual punishment. Basic human rights must also be adhered to, such that they are not deprived of food or water, and that the physical environment has appropriate light and is at an appropriate temperature (Ryan, Peterson, & Rozalski, 2007). As reported by Dunn and Derthick (2009), a mother in Albuquerque, New Mexico sued school officials, claiming that their use of a timeout room for her son violated his Fourth Amendment right against unreasonable seizures and the Fourteenth Amendment right to due process. The Children's Health Act (2000) protects children from abusive seclusion and restraint practices in facilities that receive federal funding such as Medicaid (Vaillancourt & Klotz, 2012).

An analysis of the case law indicates that timeout is a controlled intervention, permitted by the courts as long as certain guidelines are followed (Yell, 1994). Emerging guidelines include the following:

1. Verify that the state and school district permit the use of student timeout as a behavior-management strategy. If the use of timeout is controlled or prohibited by local and state policies, the teacher must adhere to the policy.
2. Teachers must have written procedures concerning the use of timeout. Parents and students must be informed of the possible use of timeout and what behaviors will lead to the use of the intervention. Rationale for the use of timeout, rules of timeout, length of timeout, and release from timeout should be explained in writing.
3. Teachers should obtain signed parental permission to use timeout with students, particularly if using either the exclusion or isolation/seclusion

forms of timeout. This includes explaining to parents what behaviors may lead to the imposition of timeout, that students will have a chance to alter their behavior to avoid timeout, and under what conditions the child will be removed from timeout. Parents should also be shown the procedure and be given the opportunity to ask questions; however, if parents were to refuse permission for timeout or any behavior-reduction procedure, and the school felt it necessary to protect the safety of staff or students or to protect the educational environment from disruption, the timeout procedure could be used. Parents could then object and request a due process hearing on the matter.

4. The IEP team should be involved in making decisions concerning the use of behavior-reduction procedures such as timeout. Goals written by the IEP team often include reducing undesirable behaviors and increasing desirable behaviors with behavior disorder students. If behavior-reduction procedures are used to achieve educational goals, the determination must also be made by the IEP team and included in the IEP.
5. Timeout must serve a legitimate educational function, which includes reducing dangerous or disruptive behavior and simultaneously teaching adaptive behavior and protecting the educational environment from disruption. In addition, more intrusive procedures to reduce behavior should be used only when less intrusive procedures have failed. A desirable behavior should be identified to replace the behavior to be reduced.
6. Timeout should never be used in a harsh or severe manner and should be

proportionate to the offense committed and the age and physical condition of the student. Whoever implements the timeout should be thoroughly trained and should follow the established teacher guidelines. The length of timeout should not exceed 5 to 10 minutes for younger students and 15 to 20 minutes for older students. Following the use of timeout, a teacher should explain to the student why the procedure was used and assist him or her in understanding the behavior that led to timeout and how they might change their behavior to avoid timeout in the future. Guidelines offered by Gast and Nelson (1977) state that timeout rooms should be at least 6 feet by 6 feet and should be free of objects and fixtures with which the student could harm him- or herself. The room must be properly lighted and ventilated and there must be a way for an adult to continuously monitor the child. Timeout rooms should be locked only when necessary.

7. When an intervention as intrusive as exclusionary or isolation/seclusion timeout is used, teachers need to keep thorough records. Each instance of timeout must be recorded and should include the date and time of each timeout incident, the student who was timed out, the behavior that precipitated the use of the procedure, the location and the duration of the timeout, the results of the procedure, and witness present. If exclusionary timeout is used, parents and supervisors should be notified. Gast and Nelson (1977) suggested a timeout log which would include (a) the student's name, (b) a description of the episode leading to timeout, (c) the time of day the student was placed in timeout and the time released, (d) the total duration of

each timeout, (e) the type of timeout employed, and (f) a description of the student's behavior in timeout. According to Yell (1994), there are a number of reasons for collecting data on an ongoing basis. First, teachers are accountable to supervisors and parents, and data collection is useful for these purposes. In addition, to make decisions teachers need data about whether the intervention is working and target behaviors are being reduced. Finally, with the increasing frequency of due process hearings and litigation, it is imperative that teachers monitor and evaluate the results of timeout for every individual student.

Teachers often rely on disciplinary procedures but are often unaware of legal constraints on the use of some procedures. The courts permit the use of timeout only when it is implemented within certain guidelines. Case law has developed due to the lack of knowledge regarding these federal guidelines. Improper uses of timeout frequently stem from the lack of clearly defined procedures, or difficulty on the part of the teacher in effectively implementing the procedures (Bureau of Exceptional Education and Student Services, 1992). Before utilizing timeout procedures, it is suggested that professional judgment and proper training be utilized; otherwise, students, teachers, and school districts are put at risk. A key factor in previous cases brought against teachers, principals, schools, and districts by parents has been the violation of student rights. School districts need to be aware that they are legally liable for negligence and the abuse of timeout, and they should be concerned with how it is used within school buildings.

Effectiveness of Timeout: Best Practice or Worst Practice

The effectiveness of timeout in reducing inappropriate behavior is well documented; however, the procedure has been somewhat controversial due to its potential for misuse (Abramowitz & O’Leary, 1991). Timeout may frequently be misused and/or abused because it may be more convenient for staff than an educational tool (Sulzer-Azaroff & Mayer, 1986); therefore, timeout appears to remain a popular technique because of the positive reinforcement received by the adult when administering timeout to a misbehaving child (Webber & Scheuermann, 1991). When a child who is exhibiting behavioral difficulties is removed from the environment, the teacher and other personnel and children in that area are also provided a break. This may be positively reinforcing to the teacher, and therefore it may be more likely that the teacher will use this technique in the future, even prior to trying less-intrusive interventions.

Those who oppose the use of timeout procedures have cited other disadvantages. One of the more serious issues raised in the utilization of timeout in school settings is that its use may be contrary to the goals of education by removing the child from the opportunity to learn (Clark, Rowbury, Baer, & Baer, 1973; Plummer, Baer, & LeBlanc, 1977). Timeout strategies can exclude children from the classroom and therefore have the potential to deprive them of their right to an education (Graham, 2014). Another disadvantage is that if a student is kept from participating in or even observing the learning environment, then the opportunity to learn is taken away from that student during that time period (Lerner, 2000).

Consistent positive relationships have been documented between the amount of time a student is engaged in academic responding and important long-term student

outcomes (Anderson, 1984; Fisher et al., 1980; Greenwood, Delquadri, & Hall, 1984). This should be considered prior to using a timeout procedure, or any other procedure that reduces the amount of time the child spends in an academic setting. Depending on the type of timeout employed, a child may not be physically removed from the environment; rather, it is the opportunity for reinforcement that is removed (Sulzer-Azaroff & Mayer, 1986).

McGuffin (1991, as cited in Turner & Watson, 1999) conducted a study in which 1-, 5-, 10-, and 20-minute timeouts were randomly applied contingent on inappropriate behavior. Although the 20-minute condition seemed superior, analysis of individual variance showed the 5-minute condition to be as effective as the 10- or 20-minute condition. A 1-minute timeout was less effective than the other three conditions. Shorter timeouts allow the child a faster return to the environment, which provides him or her with an increased opportunity to engage in appropriate behaviors and receive reinforcement.

A study completed by Hobbs, Forehand, and Murray (1978, as cited in Everett et al., 2010) examined the influence of different timeout durations on the noncompliant behavior of preschool children who were randomly assigned to timeouts of 10 seconds, 1 minute, or 4 minutes in length for noncompliance with instructions. Results showed that the 4-minute timeout was significantly more effective than the others, and both the 4-minute and 1-minute durations were found to decrease noncompliance more than the 10-second durations. Therefore, although short durations (i.e., 1 minute) are effective in reducing noncompliance, longer durations may produce greater behavioral changes (Everett et al., 2010).

A single-subject meta-analysis conducted by Vegas, Jenson, and Kircher (2007) investigated the effect of timeout on the disruptive classroom behaviors displayed by children with externalizing behavior problems. Overall, results suggest that timeout appears to be an effective intervention for the reduction of disruptive classroom behaviors. Individual characteristics of the child, such as being male and below the age of 7 years, may result in the largest reductions of disruptive behavior. Specific behaviors that may be most appropriate for timeout are verbal and physical aggression and off-task behavior. The type of timeout also had a differential effect on disruptive classroom behaviors; for example, contingent observation and seclusionary timeout appear to be effective forms of timeout. The results of the meta-analysis suggest that timeout is most effective when implemented in self-contained classrooms and when it is combined with other interventions, such as multiple forms of timeout.

Some recommendations to increase the effectiveness of timeout include keeping verbal interactions with the student neutral and to the point. It is also recommended that teachers or personnel record the behavior that resulted in timeout, the time, and the day. Other recommendations for using timeout include targeting only one or two behaviors, using it consistently every time a particular problem behavior occurs, and utilizing it immediately following the misbehavior (Reavis et al., 1996). A portable timer that rings can be used to signify the end of the timeout for both adult and child (Siedentop, 1991). Another recommendation includes identifying the behavior for the child and pairing it with the word “timeout”; for example, “hitting” timeout, or “no-spitting” timeout (Coucovanis, 1997).

Perhaps one of the most effective recommendations is making sure to praise the

child for a good behavior at the first available opportunity (Israeloff, 1994; Readdick & Chapman, 2001). Effective discipline consistently includes positive reinforcement for good behavior as well as age-appropriate punishment for undesirable behavior (Howard, 1996). Research has shown that positive behavior interventions and supports (PBIS) are effective in reducing the use of restraint and seclusion in schools (Horner & Sugai, 2009) by quickly and efficiently handling minor behavior problems and reducing the likelihood of more serious behaviors (Simonsen, Sugai, Freeman, Kern, & Hampton, 2014). Therefore, any program that uses restraint and seclusion should have PBIS implemented at the school, classroom, and individual student levels (Yankouski, 2012). Yankouski (2012) suggested that prohibiting the use of seclusion and implementing PBIS dramatically decreased the need for and use of restraint and seclusion procedures; however, is this realistic?

Timeout is most effective for behaviors that are maintained either by attention or tangible reinforcers, and if there is high discriminability between the timeout environment and the reinforcing classroom environment, often referred to as time-in (Rortvedt & Miltenberger, 1994; Turner & Watson, 1999). That is, when there is a large contrast between the reinforcing value of timeout (hopefully low) and the classroom (hopefully high), the more effective timeout will be. However, if timeout enables a child to avoid unpleasant tasks or persons, or engage in a more reinforcing behavior, one can conclude that it is not being implemented properly and will be ineffective (Kerr & Nelson, 1989). It is also suggested that timeout should be introduced at the beginning of the school year; otherwise, it should be explained to students during a time that they are not occupied with other tasks. Positive, desirable behaviors should also be modeled to

students, and if possible, other students should be told not to reinforce the behavior of the child who is sent to timeout (Turner & Watson, 1999).

Schools are important settings for intervening with students' academic and social behavior challenges. Schools are unique because they are the one place that teachers and students spend a significant amount of time together in both structured and unstructured contexts, thereby creating numerous intervention-related opportunities (Gresham, 2004). Even though in the general sense more positive approaches to teaching desirable behaviors should be implemented first, this does not always hold true in the classroom. Although the use of timeout in the classroom may be beneficial for both teachers and students, Everett (2010) suggested that timeout should be applied in combination with positive reinforcement or other skill-building interventions rather than being used in isolation.

PBIS can be particularly effective for students with significant behavior problems by reducing office disciplinary referrals and suspensions and increasing time spent at school; however, if PBIS is not implemented with fidelity and less-intrusive interventions are not used first, then timeout and suspension are inadvertently used as a school-wide interventions, and proper documentation at the intensive level is unlikely. Data demonstrate that the rate of school suspensions and expulsions in the United States has nearly doubled in the past 30 years (Bird & Bassin, 2014). Although combining positive reinforcement with timeout or seclusion strategies holds great promise, no recent studies with positive behavior interventions and supports (PBIS) or a multitiered system of supports (MTSS) have been completed, and more research in this area is necessary to determine how these practices are implemented. The lack of information regarding the

regulated use of timeout can lead to misuse, abuse, injury, and even death.

Statement of Purpose

Students' aggressive, disruptive, and defiant behaviors waste teaching time, disrupt the learning of all students, threaten safety, overwhelm teachers, and ruin their own chances for successful schooling and a successful life (Walker et al., 2003). A study completed by Zabel in 1986 concluded that the behaviors most likely to result in timeout were physical aggression, verbal aggression, and destruction of property, all of which are behaviors frequently noted in behaviorally disordered students that need intervention. However, since the Zabel study in 1986, limited information has been obtained regarding the parameters of timeout use. Given the widespread use of the timeout paradigm, particularly in programs for students with emotional and behavioral disorders, and the conflicting research evaluating its effectiveness (Nelson & Rutherford, 1983), more documentation is needed on the explicit parameters of this behavioral intervention. Results from an investigation by Nelson and Rutherford (1983) into the practices and demographic patterns in the use of isolation timeout indicate that the knowledge of practices in the use of timeout procedures was limited. A more thorough understanding of the actual implementation of the timeout paradigm in both regular and special educational settings is necessary if a careful determination is to be made of whether schools are justified in using this behavioral technique.

The purpose of this study was to replicate the Zabel (1986) study and to survey educators to determine the utilization of timeout from reinforcement, a strategy used to reduce inappropriate behaviors in students with behavior disorders and emotional disturbance. The questionnaire used for the current study was adapted from the Zabel

(1986) study, while information was also included regarding positive behavior interventions and supports (PBIS) and a multitiered system of supports (MTSS). The study investigated variables such as the types of timeout used, frequency of use, ease of use, school and district policies regarding use, teacher and staff training provided, and common types of behaviors exhibited that typically result in the use of timeout. Given the extent of timeout use in programs for students with behavioral disorders (Zabel, 1986), it is important to explore the relationship between timeout usage and student academic achievement. This study focused primarily on timeout because little is known about seclusion, although the two are often confused. Therefore, by replicating the Zabel (1986) study, results will provide more valuable and recent information regarding the use and understanding of timeout procedures.

Research Questions

The study investigated the following questions:

1. *Will educators endorse the presented definition of timeout (Alberto and Troutman, 2003)?* This question was addressed using data from the survey questionnaire (see Appendix A).
2. *Will there be a relationship between selected demographic variables obtained in the survey and the use of timeout procedures?* This question was addressed using data from the survey questionnaire (see Appendix A).
3. *What types of training, and how much training, do educators receive in regard to using timeout procedures?* This question was addressed using data from the survey questionnaire (see Appendix A).
4. *Will educators report that they receive ongoing professional support through*

performance feedback or consultation? This question was addressed using data from the survey questionnaire (see Appendix A).

5. *What will educators report as the group of students (eligibility category according to IDEA 2004) that timeout procedures are used with most often?* This question was addressed using data from the survey questionnaire (see Appendix A).
6. *What will educators report as the behavior that most often results in use of a timeout procedure?* This question was addressed using data from the survey questionnaire (see Appendix A).
7. *What will educators report as the frequency of use of timeout procedures (number or times per week/month)?* This question was addressed using data from the survey questionnaire (see Appendix A).
8. *What will educators report as the number of minutes, on average, that students spend in timeout for misbehavior?* This question was addressed using data from the survey questionnaire (see Appendix A).
9. *Will educators report that timeout procedures are used prior to, or in conjunction with, a written behavior intervention plan (BIP) or a functional behavioral assessment (FBA)?* This question was addressed using data from the survey questionnaire (see Appendix A).
10. *Will educators report that a functional behavioral assessment (FBA) is developed in response to timeout being used with a student?* This question was addressed using data from the survey questionnaire (see Appendix A).
11. *Will educators report that positive behavior interventions and supports (PBIS)*

are used prior to, or in conjunction with, the use of timeout procedures with students? This question was addressed using data from the survey questionnaire (see Appendix A).

12. *Will educators report that timeout procedures used are written into a student's IEP?* This question was addressed using data from the survey questionnaire (see Appendix A).
13. *Are students educated on the use of timeout procedures prior to their implementation?* This question was addressed using data from the survey questionnaire (see Appendix A).
14. *Will educators report using a separate facility designated for timeout?* This question was addressed using data from the survey questionnaire (see Appendix A).
15. *Will educators report keeping a written log of student misbehavior that resulted in timeout, time spent in timeout, and data indicating the number of times timeout procedures were used with each particular student?* This question was addressed using data from the survey questionnaire (see Appendix A).
16. *Will educators report needing to physically guide a student when using timeout?* This question was addressed using data from the survey questionnaire (see Appendix A).
17. *Will educators report using physical restraint as an alternative to using timeout?* This question was addressed using data from the survey questionnaire (see Appendix A).

18. *If the use of physical restraint is reported, have these educators been formally trained to use these procedures?* This question was addressed using data from the survey questionnaire (see Appendix A).
19. *Will educators report that school districts have a written policy regarding the use of timeout, including types of timeout that can be used, parameters of timeout area/space, procedures for use, monitoring of students while in timeout, and how often it can be used?* This question was addressed using data from the survey questionnaire (see Appendix A).
20. *Will educators report monitoring a student while in timeout?* This question was addressed using data from the survey questionnaire (see Appendix A).
21. *Will educators report that using timeout procedures is difficult in comparison to other procedures?* This question was addressed using data from the survey questionnaire (see Appendix A).
22. *Will educators endorse timeout as an effective strategy for reducing inappropriate behaviors?* This question was addressed using data from the survey questionnaire (see Appendix A).

CHAPTER 2

METHOD

The purpose of this study was to examine the use of timeout as an intervention for problem behaviors by mailing a survey questionnaire to educators, as was done in the Zabel (1986) study. Emphasis was placed on investigation of the usability and acceptability of timeout as a behavioral intervention, perceptions of the efficacy of timeout, and preparation of staff to use timeout effectively. This study used a questionnaire as the primary method of investigation. Questionnaires were sent to members of the Council for Children with Behavioral Disorders (CCBD), a division of the Council for Exceptional Children, who reside in the United States.

Definition of Timeout

“Timeout” is a term derived from the original term “timeout from reinforcement.” The definition of timeout that was used for the purpose of this study was taken from Alberto and Troutman (2003): “A strategy used to reduce inappropriate behavior by denying the student access, for a fixed period of time, to the opportunity to receive reinforcement” (p. 358).

Participants

The participant pool consisted of 1,000 educators that are members of the CCBD across the United States. Members serve a variety of students across all grade levels. A computer listing of all of the members was obtained from the CCBD. From a total list of approximately 8,000 members, 1,000 were randomly selected for inclusion in the survey study. There was equal representation of each of the eight regions in the United States, as divided by the CCBD. Table 3 shows the number of respondents from each state. The states were then categorized by region as assigned by the CCBD. The number of respondents within each of the regions as assigned by the CCBD is shown in Table 4. Table 5 shows the number of surveys sent and the number of surveys received within each of the eight regions.

To get a sense of respondents' familiarity with timeout, respondents were given the names of several different types of specific timeout procedures and asked whether or not they were familiar with each procedure. Table 6 shows the familiarity of respondents with the different types of timeout procedures. The majority of respondents were familiar with planned ignoring, withdrawal of materials, timeout of a preferred item, head down timeout, timeout to the hall, timeout to another class, in-school suspension, and timeout to a specific room. The majority of respondents were not familiar with the timeout ribbon, contingent observation, and no-look timeout.

Development of the Survey Instrument

The instrument was developed for use in this study to identify how teachers are using timeout techniques in classrooms. The survey was based on a survey constructed by

Table 3
Number of Respondents From Each State

State	<i>N</i>	State	<i>N</i>	State	<i>N</i>
Alabama	2	Louisiana	3	Ohio	0
Alaska	4	Maine	4	Oklahoma	2
Arizona	7	Maryland	5	Oregon	6
Arkansas	4	Massachusetts	6	Pennsylvania	6
California	13	Michigan	4	Rhode Island	2
Colorado	9	Minnesota	3	South Carolina	4
Connecticut	2	Mississippi	2	South Dakota	1
Delaware	1	Missouri	2	Tennessee	5
Florida	3	Montana	3	Texas	5
Georgia	7	Nebraska	3	Utah	9
Hawaii	0	Nevada	3	Vermont	2
Idaho	4	New Hampshire	4	Virginia	5
Illinois	4	New Jersey	1	Washington	6
Indiana	5	New Mexico	0	West Virginia	0
Iowa	6	New York	2	Wisconsin	5
Kansas	6	North Carolina	8	Wyoming	4
Kentucky	5	North Dakota	7	No Response	2

Table 4

Number of Respondents Within Each of the Regions as Assigned by the CCBD

Region	<i>N</i> (%)	Region	<i>N</i> (%)
No Response	2 (0.9)		
Region 1	27 (13.1)	Region 5	23 (11.2)
Alaska		Illinois	
Oregon		Indiana	
Idaho		Kentucky	
Montana		Michigan	
Washington		Ohio	
Wyoming		Wisconsin	
Region 2	32 (15.5)	Region 6	23 (11.2)
Arizona		New York	
California		Vermont	
Hawaii		Connecticut	
Nevada		Rhode Island	
Utah		New Hampshire	
		Delaware	
		Massachusetts	
		Maine	
Region 3	28 (13.6)	Region 7	17 (8.3)
Iowa		Maryland	
Kansas		New Jersey	
Minnesota		Pennsylvania	
Missouri		Virginia	
Nebraska		West Virginia	
North Dakota			
South Dakota			
Region 4	23 (11.2)	Region 8	31 (15.0)
Arkansas		Alabama	
Colorado		Florida	
Louisiana		Georgia	
Oklahoma		North Carolina	
Texas		South Carolina	
New Mexico		Mississippi	
		Tennessee	

Table 5

Respondents vs. Nonrespondents Within Each Region

Region	Total Sent	Total Received
Region 1	105	27
Region 2	142	32
Region 3	125	28
Region 4	125	23
Region 5	125	23
Region 6	125	23
Region 7	125	17
Region 8	128	31

Table 6

Percentage of Respondents' Familiarity With Different Timeout Procedures

Procedure	% Familiar	% Not Familiar
Planned ignoring	97.0	2.9
Withdrawal of materials	93.1	6.9
Timeout of a preferred item	93.6	6.4
Timeout ribbon	17.9	82.0
Contingent observation	46.8	53.2
No-look timeout	40.8	59.2
Head down timeout	81.0	19.0
Timeout to the hall	87.0	13.0
Timeout to another class	91.5	8.5
In-school suspension	96.5	3.5
Timeout to a specific room	95.0	5.0

Zabel (1986) and was adapted from a survey created in 2005 by Debra Andrews, formerly a graduate student at the University of Utah and currently a principal for the Salt Lake City School District in Utah. The items on the survey reflected those on the Zabel (1986) survey, with additional questions added to investigate the use of timeout in greater depth. The instrument was based on observations of classes in which timeout is used, and on the literature that describes the appropriate use and possible misuse of such techniques. The questionnaire form, as seen in Appendix A, included three sections, the first dealing with teacher demographic information, such as age, education completed, certification held, current position, number of years in educational positions, years of experience, highest degree earned, and gender.

The second section was titled “class description” and asked for information on the program model (self-contained, resource, other), age level of students, number of students, and availability of a paraeducators. A third section dealt directly with timeout definitions and procedures. Teachers were first asked if they used a system they described as timeout. They were then given a definition (Alberto & Troutman, 2003) and asked if they were in agreement. Additional questions concerned various parameters of timeout use, such as the average number of times per week timeout was used, the average length of placement in timeout, whether timeout was immediate or delayed, if a separate timeout facility was available or if part of the room was used, if physical persuasion was used when a child refused to go to timeout, if there was a timeout monitor and who filled that role, if a reentry conference was used, and if the child was expected to return quietly to the ongoing program.

Legal and ethical guidelines were examined in the fourth section by asking the

respondents if their district had written guidelines on the use of timeout, if the teacher kept a written log, and if parents were informed about and were supportive of the use of timeout procedures. Finally, 10 behaviors were listed and teachers were asked to indicate all of the behaviors that were likely to result in timeout in their program. They were then asked to circle two behaviors that most frequently resulted in timeout. A glossary of terms was included with the survey to ensure clarity in understanding of terms (see Appendix B). Questions were based on a Likert-type scale, required a multiple-choice response, required an open-ended response, or required a “yes/no” response.

Other questions asked about district policies in place regarding the use of timeout, including guidelines and/or parameters for use. Additional questions addressed included the types of timeout used, the frequency of use, common types of misbehaviors timeout was used for, the group of students that timeout was most often used with, behaviors that most often resulted in timeout, the average length of time a student spent in timeout, types and amounts of training obtained related to the appropriate use of timeout, timeout as an intervention identified on a written behavior intervention plan or related to a functional behavior assessment, data/documentation kept on the use of timeout procedures, physical restraint used as an alternative to timeout, difficulty of use, agreement with the presented definition of timeout, and the efficacy of timeout as an intervention for misbehaviors.

A demographic questionnaire was utilized to collect information regarding marital status, gender, age, income level, ethnicity, referral source, and history of counseling, as well as the number and age of children with whom they worked.

Survey Procedures

A pilot test of the survey was conducted by giving the questionnaire to 10 educators employed by a school district in California who worked with students with disabilities. These educators were asked to complete the survey and comment on (a) the amount of time required to complete the questionnaire, (b) any questions that were ambiguous, (c) any additions that needed to be made for clarity, (d) any additions needed to expand the knowledge base, (e) any deletions needed because of duplicity, and (f) general suggestions for content design and improvement. From these suggestions, the final survey was developed.

All mailings for this study were conducted to conform to the Dillman Total Design Method (Dillman, 2000). Each survey was coded and mailed to the selected CCBD members. Each of the 1,000 members were sent a cover letter that included an explanation of the study (see Appendix C), a copy of the questionnaire, and a preaddressed, stamped envelope for return. Responses were coded and entered into a computer database for summary and comparison. All participants were informed that completion was voluntary and that the results would be made available to the participants at the conclusion of the study.

Follow-up mailings included a postcard reminding the educator of the study and the survey they received, as well as an email reminder for those who had a published email address (see Appendix D). The follow-up communication thanked those who had already completed and returned the questionnaire and encouraged those who had not completed the survey to do so promptly. The postcards were sent out after the original mailing to all 1,000 individuals in the original sample (Dillman, 2000; Rea & Parker,

1997; Salant & Dillman, 1994).

Survey and Data Collection Method

The survey contained questions regarding teacher characteristics, types of training, and questions to assess one's understanding of timeout. Data were also collected to summarize reported rates of use, types and amounts of training that teachers and staff received, common types of behaviors that resulted in the use of timeout, special education eligibility of students that timeout was used with, policies and procedures regarding timeout, and the ease of using of timeout. In addition, information was collected as to whether or not timeout was used in conjunction with a written behavior intervention plan, functional behavioral assessment, and/or an individualized education program.

Each returned survey was assigned an identification number. Responses were coded and entered into a computer database for analysis using descriptive statistics. The reliability of data entry and coding was checked on approximately 25% of the returned surveys by a second coder, who was another graduate student at the University of Utah. A variety of calculations were used to analyze survey data, including percentages, means, medians, frequency counts, and correlations.

Demographic variables of interest for this study included gender, ethnicity, location, number of years teaching, current credential(s), and earned university degrees. The demographic information was requested to define the sample, to provide information on characteristics of the persons providing services to students with emotional disturbance and/or behavioral disorders in the geographic area, and to examine relationships between the parameters and use of timeout. Responses were reported as

percentages of those answering each item in all of the areas. Additional information analyzed included the median age of the sample, percentage of the sample using timeout, professional degrees completed, temporary and provisional certifications and the areas in which credentials were held, number of years of experience, type of training received, types of classroom situations (resource, special day class, residential treatment programs, and so forth), and ages of students served.

Other information collected included the policies and procedures defined by the districts or state departments of education in regard to the use of timeout and the legal and ethical issues that raised when timeout is used. The respondents were asked to endorse a definition of timeout. They were also asked to report the parameters of their own use of timeout, including types of timeout used, frequency of use, and the average number of minutes a child spent in timeout. Further questions addressed the availability of timeout facilities, whether a student was monitored in timeout, if a written log was kept of the use of timeout, and parental awareness and approval of the use of timeout.

Respondents were also asked to identify the behaviors that were likely to result in the use of timeout, the behavior that most frequently resulted in timeout, and how often the resulting response for these same behaviors was physical restraint or physical management of the student in place of a timeout situation. They were also asked to report on the aspects of timeout that were most appealing and most problematic for use in the classroom; anecdotal information collected from the surveys (Q49 & Q50) about those aspects was recorded and listed.

CHAPTER 3

RESULTS

Introduction

The first section in this chapter describes demographic information from the respondents. The results are then described by the question that pertains to the definition of timeout, and then by survey results. The remainder of the results sections include the training on timeout procedures of respondents, the practice of timeout procedures, timeout policies, and respondents' satisfaction with timeout procedures. The timeout survey provides the outline for the discussion, and the survey responses are discussed as they relate to the research questions. Only pertinent statistics are included in table form; other results can be found in Appendix E.

Demographic information was requested in an attempt to define the sample and provide some information on characteristics of those persons working in an academic setting nationwide, as well as to examine the relationship between these factors and the use of timeout procedures. The information obtained from these questions included the respondents' current position, their highest degree earned, their years of educational experience, age, gender, and the ages of students that they worked with. The number of responses varied for individual items on the questionnaire, and responses are reported as percentages of those answering each item.

For the final analysis of the data, there were 206 completed and returned surveys out of the 1,000 that were sent. Most of the respondents (167) were female; 39 were male. A majority of the respondents (48%) were special education teachers, whereas district-level administrators made up 15% and school administrators made up 6% (see Table 7). Given that the survey was sent to members of the Council for Children with Behavioral Disorders (CCBD), a division of the Council for Exceptional Children, it is not surprising that a majority of respondents were special education teachers. Table 7 also shows that retired educators, school psychologists, and general education teachers made up less than 5% of the total number (i.e., 3%, 3%, and 2%, respectively). The remainder of the respondents were categorized under “other,” and included positions such as teacher educators, positive behavior interventions and supports (PBIS) specialists, one-on-one aides, clinical psychologists, consultants, and board-certified behavior analysts (BCBAs).

Table 8 shows data regarding respondents’ educational degrees. More than 58.3% of the respondents had a master’s degree, whereas 18.9% held a doctoral degree; less than 14% had a bachelor’s degree, and 9.2% were categorized under “other” and reported having educational specialist degrees and/or a certificate of advanced graduate studies.

Table 9 shows the age ranges of participants and Table 10 depicts years of experience. Ages ranged from under 25 years (3.9%) to 56 years and older (29.4%, the majority of the respondents). This corresponded with years of educational experience; whereas 23.8% of respondents had between 1 and 9 years of experience, 41.7% of respondents had 20 or more years of experience.

Table 7
Professions of Respondents

Profession	<i>N</i> (%)
General education teacher	3 (1.5)
Special education teacher	99 (48.3)
School psychologist	7 (3.4)
District-level administrator	30 (14.6)
School administrator	13 (6.3)
Retired educator	7 (3.4)
Other	46 (22.4)
No response	1

Table 8
Degrees Earned by Respondents

Degree	<i>N</i> (%)
Bachelor's degree	28 (13.6)
Master's degree	120 (58.3)
Doctorate	39 (18.9)
Other	19 (9.2)

Table 9

Ages of Respondents

Age	N (%)
25 and under	8 (3.9)
26 to 35	34 (16.7)
36 to 45	43 (21.1)
46 to 55	59 (28.9)
56 and older	60 (29.4)
No response	2

Table 10

Respondents' Years of Experience

Experience	N (%)
1 to 3 years	20 (9.7)
4 to 6 years	14 (6.8)
7 to 9 years	15 (7.3)
10 to 15 years	39 (18.9)
15 to 20 years	32 (15.5)
20 or more years	86 (41.7)

Definition of Timeout

Research Question 1

Will educators endorse the presented definition of timeout (Alberto & Troutman, 2003)? The first section of the survey was to ascertain respondents' definition of timeout; they were given three definitions and asked to choose one. The three definitions and percentage of respondents who chose each one are shown in Table 11. Of those responding, 69.4% agreed with the Alberto and Troutman (2003) definition, whereas 24.3% felt that the best definition of timeout was "[r]emoving the student to another environment for a fixed period of time when they misbehave." Only 6.4% chose the definition, "Placing a student in a room specifically designed for timeout purposes for a fixed period of time."

While the majority of respondents agreed on the same definition, the results suggest that people have different understandings of what timeout is or is not. This confusion may effect implementation in practice.

Demographics of Respondents

Research Question 2

Will there be a relationship between selected demographic variables obtained in the survey and the use of timeout procedures? Results suggest that timeout was being used by special education teachers on an average of one to three times per month (42.4%); however, special education teachers were also using timeout procedures as often as one or more times per day (9.1%). Table 12 shows the percentage of how often timeout procedures were used by the different professions among the respondents.

Table 11

Percentage of Respondents Who Agreed With Each Definition of Timeout

Definition	% Agree
Denying the student access to receive reinforcement for a fixed period of time to reduce inappropriate behavior (Alberto & Troutman, 2003)	69.4
Removing the student to another environment for a fixed period of time when he or she misbehaves	24.3
Placing a student in a room specifically designed for timeout purposes for a fixed period of time	6.4

Table 12

Percentage of How Often Timeout Was Used Within Each Category of Profession

Profession	How Often Timeout Was Used			
	1+/day	1-4/week	1-3/month	2-3/year
General education ($N = 3$)	0.0%	0.0%	0.0%	66.7%
Special education ($N = 99$)	9.1%	19.2%	42.4%	22.2%
School psychologist ($N = 7$)	28.6%	28.6%	28.6%	14.3%
Administrator ($N = 13$)	38.5%	23.1%	30.8%	7.7%
District Administrator ($N = 30$)	20.0%	30.0%	23.3%	10.0%
Retired ($N = 7$)	0.0%	14.3%	28.6%	28.6%
Other ($N = 46$)	21.7%	41.3%	10.9%	6.5%

As seen in Table 13, respondents between the ages of 46 to 55 were most often using timeout one to four times per week (30.5%), whereas those 56 years and older were most often using timeout only one to three times per month (33.3%).

As seen in Table 14, respondents with 15 to 20 years of experience reported using timeout most often between one and three times per month (40.6%). Results from the survey showed that timeout procedures were used less often by teachers with fewer years of experience than those with 15 or more years of experience. It could be the case that younger teachers were being educated more in their training programs on alternative procedures for reducing behavioral difficulties in the classroom, such as positive behavioral interventions and supports, and were therefore not relying on timeout procedures as much. Those with more years of experience may resort to using procedures that are familiar to them.

Because many respondents worked with students in more than one age category,

Table 13

Percentage of How Often Timeout Was Used Within Each Age Category

Age	How Often Timeout Was Used			
	1+/day	1-4/week	1-3/month	2-3/year
25 years or under ($N = 8$)	25%	12.5%	25.0%	37.5%
26-35 years ($N = 34$)	17.6%	29.4%	35.3%	8.8%
36-45 years ($N = 43$)	11.6%	30.2%	32.6%	9.3%
46-55 years ($N = 59$)	20.3%	30.5%	23.7%	13.6%
56 years or older ($N = 60$)	11.7%	16.7%	33.3%	26.7%

Table 14

Percentage of How Often Timeout Was Used Within Each Category of Teacher Experience

Years of Experience	How Often Timeout Was Used			
	1+/day	1-4/week	1-3/month	2-3/year
1-3 years ($N = 20$)	20.0%	25.0%	25.0%	20.0%
4-6 years ($N = 14$)	7.1%	42.9%	35.7%	14.3%
7-9 years ($N = 15$)	20.0%	26.7%	40.0%	6.7%
10-15 years ($N = 39$)	17.9%	28.2%	28.2%	12.8%
15-20 years ($N = 32$)	9.4%	18.8%	40.6%	15.6%
20 or more years ($N = 86$)	16.3%	25.6%	25.6%	19.8%

the different ages of students were represented by grade level and were calculated by responses. Only 7.4% of respondents reported that they worked with preschool students, while the majority worked with students in grades Kindergarten-8 (i.e., 62.7%), and a quarter worked with students in grades 9-12 (i.e., 25.2%). Respondents working with post-high school students made up only 4.7%. Table 15 shows the percentage of how often timeout was used with the different grades of students.

When compared to the frequency of timeout use with these ages, respondents working with students in preschool through Grade 5 used timeout procedures most often between one to four times per week, whereas those working with students grades six through secondary school and even post-high school used timeout procedures on average one to three times per month.

As might be expected, timeout procedures were used more often (one to four

Table 15

Percentage of How Often Timeout Was Used Within Each Student Grade Category

Grade of Students	How Often Timeout Was Used			
	1+/day	1-4/week	1-3/month	2-3/year
Preschool ($N = 52$)	13.5%	36.5%	21.2%	15.4%
K-1 ($N = 103$)	16.5%	33.0%	26.2%	13.6%
2-3 ($N = 113$)	16.8%	31.9%	30.1%	11.5%
4-5 ($N = 111$)	18.0%	30.6%	28.8%	13.5%
6-8 ($N = 113$)	20.4%	22.1%	32.7%	15.0%
9-10 ($N = 91$)	20.9%	22.0%	27.5%	19.8%
11-12 ($N = 86$)	20.0%	20.0%	29.4%	20.0%
Post-high school ($N = 33$)	18.2%	18.2%	24.2%	18.2%
Preschool ($N = 52$)	13.5%	36.5%	21.2%	15.4%

Note. K = Kindergarden.

times per week) with elementary-age students than with junior high, high school, and post-high school students (one to two times per month).

Training of Respondents

Research Question 3

What types of training, and how much training, do educators receive in regard to using timeout procedures? Research suggests that timeout is appropriate in the treatment of a variety of behavior problems; however, if it is done incorrectly or without the proper training and practice, timeout procedures have the potential to be misused and abused.

Appropriate training can reduce the confusion that stems from the continuum of different

timeout techniques and assist with the reduction of misunderstandings and improper implementation.

Three items on the questionnaire asked about training on timeout procedures:

1. How much training have you received in regard to using timeout?
2. What types of training have you received in regard to using timeout?
3. From what organization did you receive your training?

Table 16 shows the amount of training that participants reportedly received.

As seen in Table 16, 32% of respondents reported receiving more than one college semester of training and 24.5% of respondents received 2 or more days of training. Several respondents (13.2%) reported receiving only 1 to 4 hours of training on timeout, 12.3% reported receiving 5 to 8 hours of training, and 7.3 received at least a college semester of training. It should be noted that 9.4% of respondents reported receiving no training at all.

Questions regarding training that respondents had received permitted participants to choose from more than one possible answer; therefore, percentages were calculated by

Table 16

Amount of Training Respondents Had Received

Frequency	N (%)
None	19 (9.4)
1 to 4 hours	27 (13.2)
5 to 8 hours	25 (12.3)
2 or more days	50 (24.5)
College semester	15 (7.3)
More than 1 college semester	66 (32.0)
No response	4

responses. Table 17 provides these data.

As seen in Table 17, the majority of responses showed that training came from a face-to-face lecture or workshop (74.3%). It was reported by 71.8% of respondents that training was included in another type of course. Several respondents reported that they were self-taught by reading state guidelines (Other, 10.2%). Table 18 shows responses to the question of what type of organization provided training to the respondents. The majority of responses indicated a University setting (65.5%) or a school district (61.2%). Just over 10% of the participants did not receive training from an organization, but rather read state guidelines.

Research Question 4

Will educators report that they receive ongoing professional support through performance feedback or consultation? Table 19 provides data regarding the source of support that the participants had received for conducting timeout procedures. It should be

Table 17

Types of Training Respondents Had Received

Type of Training	N (%)
Face-to-face lecture/instruction/workshop	153 (74.3)
Satellite course/distance education course	13 (6.3)
Video training	40 (19.4)
Written or correspondence course	13 (6.3)
Trained on the job	119 (57.8)
One-on-one instruction	37 (18.0)
Included in another course	148 (71.8)
Within a college program	91 (44.2)
Other	21 (10.2)

Table 18

Types of Organizations From Which Respondents Received Training

Organization	<i>N</i> (%)
School district	126 (61.2)
University	135 (65.5)
State-sponsored conference/seminar	71 (34.5)
Private organization	34 (16.5)
Other	22 (10.7)

Table 19

Support Providers

Provider	<i>N</i> (%)
Administrator	64 (31.1)
Other teacher(s)	87 (42.2)
District personnel	58 (23.2)
Behavior specialist	86 (41.7)
School psychologist	67 (32.5)
Other	37 (18.0)

noted that 69.5% indicated that they had received additional feedback and/or consultation concerning the use of timeout procedures, whereas 30.4% had not.

Of the 137 participants who reported receiving support, 42.2% indicated that this came from other teachers; another 41.7% reported that feedback was from a behavior specialist, 23.2% from district personnel, and 31.1% from building administrators. The frequency of feedback and/or consultation varied, as shown in Table 20.

Daily feedback was reported by only 8.7% of participants, whereas 20.2% reported that they received feedback and/or consultation once a month; another 20.2% reported receiving feedback and/or consultation four to six times a year, and 9.4% received feedback once a year.

It should be noted that when participants were asked how familiar they were with timeout procedures, more than half (56.4%) indicated that they were “very familiar,” whereas 0.5% reported being “unfamiliar.” Data collected from the survey further showed that 48.5% felt “very confident” in use of timeout, and 1.5% reported that they

Table 20

Frequency of Support

Frequency	<i>N</i> (%)
Daily	12 (8.7)
2 to 3 times per week	14 (10.1)
Once per week	16 (11.6)
Twice per month	15 (10.9)
Once per month	28 (20.2)
4 to 6 times per year	28 (20.2)
Twice per year	12 (8.7)
Once per year	13 (9.4)
No response	68 (33.0)

were not confident in using timeout procedures.

Overall, the results showed that while the majority of participants perceived themselves as being very familiar with timeout procedures and felt comfortable using these as a behavior-reduction method, and the majority had taken at least one class at the university level, 9.4% claimed that they had never received any training, and many of those indicated that they were “self-taught” (e.g., they had read their state department of education guidelines). Fortunately, the majority reported receiving some type of feedback and/or consultation concerning the use of timeout procedures during the year.

Practice of Timeout

Research Question 5

What will educators report as the group of students (eligibility category according to IDEA 2004) that timeout procedures are used with most often?

Respondents were asked to report on the eligibility category, according to IDEA 2004, of the students that timeout procedures are used with most often in their setting, from the following choices: emotionally disturbed, specific learning disability, intellectual disability, developmental delay, autism, speech or language impairment, other health impairment, multiple disabilities, traumatic brain injury, deaf-blindness, hearing impairment, orthopedic impairment, or visual impairment including blindness. Table 21 shows the percentage of respondents who checked each one. Because respondents were asked to check more than one eligibility category, percentages were calculated by responses, not respondents.

Timeout procedures were used most often with students with an emotional disturbance (27.4%), whereas 15.1% of respondents reported using timeout procedures

Table 21

Eligibility Categories in Which Timeout Procedures Were Most Often Used

Category	N (%)
Emotional disturbance	176 (27.4)
Autism	97 (15.1)
Other health impairment	86 (13.4)
Specific learning disability	64 (10.0)
Intellectual disability	55 (8.6)
Multiple disabilities	48 (7.5)
Developmental delay	41 (6.4)
Speech or language impairment	28 (4.4)
Traumatic brain injury	14 (2.2)
Hearing impairment	9 (1.4)
Orthopedic impairment	9 (1.4)
Visual impairment including blindness	9 (1.4)
Deaf-blindness	6 (0.9)

with students with autism and 13.4% reported using timeout with students with other health impairments. Only 0.9% of respondents reported using timeout procedures with students with an eligibility category of deaf-blindness, and only 1.4% of respondents identified each of the categories of hearing impairment, orthopedic impairment, and visual impairment including blindness.

Research Question 6

What will educators report as the behavior that most often results in use of a timeout procedure? Teachers were asked to indicate the 2 most common behaviors in a list of 11 possible behaviors that would result in their use of timeout. Table 22 shows the percentage of responses for each type of behavior on the questionnaire. As seen in the

Table 22

Behaviors for Which Timeout Procedures Were Most Often Used

Category	N (%)
Physical aggression toward peers	118 (27.0)
Physical aggression toward staff	86 (19.7)
Noncompliance with adult direction	61 (14.0)
Disruption	46 (10.5)
Verbal aggression	41 (9.4)
Self-injurious behaviors	25 (5.7)
Refusal to work	20 (4.6)
Destruction of property	19 (4.3)
Inappropriate language	11 (2.5)
Other	6 (1.4)
Failure to complete work	4 (0.9)

table, the most commonly reported behavior was physical aggression toward peers (27%), followed by physical aggression toward staff (19.7%). Noncompliance with adult directions was the third most-commonly reported behavior (14%). The behavior least likely to result in the use of timeout procedures was failure to complete work (0.9%), while the “other” category had 1.4% of responses. The responses in the “other” category included attempts to leave campus and impeding instruction. Two and a half percent of responses related to inappropriate language.

Research Question 7

What will educators report as the frequency of use of timeout procedures (number of times per week/month)? Respondents were questioned about how long and how frequently timeout procedures were used. Responses are found in Table 23, which shows that 29% of participants reported using timeout at least once a week, and 17.2%

indicated using it daily (i.e., 1 or more times a day). One third reported using timeout a few times per month (i.e., 1 to 3 times a month), and 18.3% less than that (i.e., 2 or 3 times per year). It is important to note that 9.7% did not respond to this question.

Research Question 8

What will educators report is the number of minutes, on average, that students spend in timeout for misbehavior? Table 24 shows the average number of minutes that participants reported that a student spent in timeout. A total of 49.5% reported that their students spent 5 to 10 minutes per incident in timeout, whereas 26.3% of respondents reported that students spent less than 5 minutes in timeout per incident. It was reported by 20.1% of respondents that students spent 15 to 30 minutes in timeout per incident, whereas 3.6% reported that students spent 30 to 45 minutes in timeout per incident. Less than 1% of those who responded reported that timeout was used for more than 45 minutes per incidence of a problem behavior.

Research Question 9

Will educators report that timeout procedures are used prior to, or in conjunction with, a written behavior intervention plan (BIP) or a functional behavioral assessment (FBA)? Several items on the questionnaire asked about determining the function of the behavior and completing functional behavior assessments (FBAs) with regard to timeout procedures. The function of the problematic behavior was assessed according to 88.4% of participants, while 11.5% reported that the function was not assessed when using timeout procedures. A total of 87.5% of participants reported that timeout procedures were used as a result of or in conjunction with a written behavior intervention plan (BIP),

Table 23

Frequency of the Use of Timeout Procedures

Average Frequency	N (%)
1 or more times a day	32 (17.2)
1 to 4 times a week	54 (29.0)
1 to 3 times a month	62 (33.3)
2 or 3 times a year	34 (18.3)
No response	20 (9.7)

Table 24

Average Number of Minutes That a Student Spent in Timeout

Average Frequency	N (%)
Less than 5 minutes	51 (26.3)
5 to 10 minutes	96 (49.5)
15 to 30 minutes	39 (20.1)
30 to 45 minutes	7 (3.6)
More than 45 minutes	1 (0.5)
No response	12 (5.8)

while 12.5% reported that no BIP was used.

Research Question 10

Will educators report that a functional behavioral assessment (FBA) is developed in response to timeout being used with a student? It was reported by 23.6% of respondents that a functional behavior assessment (FBA) was “always” completed to help make the decision to use timeout or to assess the effectiveness of timeout procedures. As seen in Table 25, 70.1% of respondents reported that an FBA was only “sometimes” completed, whereas 6% of respondents reported that an FBA was “never” completed.

Research Question 11

Will educators report that positive behavior interventions and supports (PBIS) and/or multitiered system of supports (MTSS) are used prior to, or in conjunction with, the use of timeout procedures with students? Table 26 presents data regarding PBIS and MTSS use with timeout. As seen in the table, 51.3% of respondents reported that timeout procedures were “always” used following or in conjunction with positive behavior interventions and supports (PBIS) and/or a multitiered system of supports (MTSS). Another 44.6% of respondents reported that timeout procedures were sometimes used with these conditions. Only 4.1% indicated that timeout was “never” used following PBIS or MTSS.

Research Question 12

Will educators report that timeout procedures used are written into a student’s Individual Education Program (IEP)? Table 27 shows the percentage of how often timeout procedures were written into an IEP. A total of 29.8% of the respondents

Table 25

Likert Scale of the Use of FBAs With Timeout Procedures

Use		N (%)
Never	1	12 (6.0)
	2	17 (8.5)
Sometimes	3	57 (28.6)
	4	66 (33.2)
Always	5	47 (23.6)
No response		7 (3.4)

Table 26

Likert Scale of the Use of PBIS and/or MTSS With Timeout Procedures

Use		N (%)
Never	1	8 (4.1)
	2	7 (3.6)
Sometimes	3	32 (16.4)
	4	48 (24.6)
Always	5	100 (51.3)
No response		11 (5.3)

Table 27

Likert Scale of How Often Timeout Procedures Were Written Into IEPs

Frequency		N (%)
Never	1	17 (8.7)
	2	20 (10.3)
Sometimes	3	53 (26.8)
	4	46 (23.7)
Always	5	58 (29.8)
No response		12 (5.8)

indicated that timeout procedures were “always” written into a student’s IEP when used. Another 60.8% indicated that procedures were “sometimes” written into a student’s IEP, and 8.7% reported “never” writing procedures into an IEP.

Research Question 13

Are students educated on the use of timeout procedures prior to their implementation? When asked if students were educated on the use of timeout procedures prior to their implementation, 80.6% of respondents reported that “yes,” students were educated prior to implementation, whereas 19.4% reported that students were not educated on the use of timeout procedures.

Research Question 14

Will educators report using a separate facility designated for timeout? Several questions asked about information surrounding the use of separate timeout facilities. A total of 53.5% of participants indicated that they did not have and had never used a separate facility for timeout, whereas 46.5% reported that they did use a separate facility

for timeout (e.g., a timeout location or room). Of those who reported using a separate facility, 23.4% reported a locking mechanism being on the door and 76.6% reported that there was no locking device.

Research Question 15

Will educators report keeping a written log of student misbehavior that resulted in timeout, time spent in minutes, and data indicating the number of times timeout procedures are used with each particular student? A written log was used by 71.4% of respondents when using timeout, whereas 28.6% reported that no log was used in conjunction with timeout procedures. Of those who did use a log, 94.4% reported that the log included the student behavior that resulted in the use of timeout, and 84.9% reported that the log included the total amount of time the student spent in timeout.

Research Question 16

Will educators report needing to physically guide a student when using timeout? When asked about the use of physical guidance when using timeout, 69.9% of the participants reported that they had used physical guidance, and 30.1% indicated that they had not.

Research Question 17

Will educators report using physical restraint as an alternative to using timeout? Physical restraint was not used as an alternative to timeout by 69.4% of respondents; however, 30.6% reported they had used physical restraint.

Research Question 18

If the use of physical restraint is reported, have these educators been formally trained to use these procedures? It was reported by 92.2% of respondents that they had had formal training on the use of physical restraint procedures, whereas 7.8% reported having no formal training. Of those who completed training, 42.7% had this through Crisis Prevention Institute (CPI) and another 9.2% trained with the Mandt System.

In sum, data indicate that timeout was most often being used in the educational setting with students classified with an emotional disturbance rather than students with sensory impairments. Students classified under this eligibility category are now more regularly being educated within the regular education classroom because it is considered their least-restrictive environment. In terms of behaviors that resulted in the use of timeout, respondents identified aggressive behaviors toward peers and staff as the ones most likely to precipitate placement in timeout. Noncompliance with adult direction was the third most recorded behavior. These results correspond to previous research suggesting that timeout is a frequently used treatment option for more serious behavior problems (DeHert et al., 2011; Everett, 2010).

Timeout is not a good intervention for behaviors when a student is trying to avoid an unpleasant task or situation (Kerr & Nelson, 2002). It appears that the reporting respondents agreed, as timeout was least likely to be used with students who refused to complete work.

An analysis of case law suggests that certain guidelines should be followed with regard to timeout use (Yell, 1994). Guidelines suggest that timeout should not exceed 5 to 10 minutes for younger students and 15 to 20 minutes for older students. Results from

the survey showed that the majority of respondents were using timeout between 5 and 10 minutes; however, it was reported by 20.1% of respondents that timeout duration was between 15 and 30 minutes. Given the results, one could assume that respondents were appropriately following guidelines, as the majority of them were using timeout with younger students more often than with older students.

Although the majority of respondents reported using timeout procedures in conjunction with behavior intervention plans (BIP), functional behavioral assessments (FBA), and positive behavior interventions and supports (PBIS), it was concerning that 17.2% of respondents reported using timeout at least once per day or one to four times per week (29%). This might indicate that teachers are not using less intrusive interventions prior to timeout. Only 29.8% of respondents reported that timeout was always written into a student's individual education program (IEP), although 80.6% reported that students were educated prior to the use of timeout procedures.

Some conclusions may be drawn regarding the parameters of timeout use. A total of 53.5% of respondents reported that they did not use and/or did not have a separate facility for timeout. It is possible that teachers had limited access to separate timeout facilities because these are more often seen in hospital or private settings. Of those who did use a separate facility, 76.6% reported that there was no locking mechanism on the door. Most participants (71.4%) reported that a log was kept, which included information such as the behavior that led to timeout and the amount of time the student spent there. This information correlates with guidelines developed by Gast and Nelson (1977) on the specifications of separate timeout rooms and keeping data on a timeout log.

Although 92.2% of respondents reported receiving formal training on the use of

physical restraint procedures, the majority of respondents also reported that they did not use physical restraint as an alternative to timeout procedures, although 69.9% reported that they had had to physically guide a student to timeout. Research suggests that implementing PBIS dramatically decreases the need for and use of restraint and seclusion procedures (Yankouski, 2012). Because the majority of respondents indicated that positive behavior interventions and supports (PBIS) were used in conjunction with timeout, it is possible that the findings support previous research in this area.

Policies

Research Question 19

Will educators report that school districts have a written policy regarding the use of timeout, including types of timeout that can be used, parameters of timeout area/space, procedures for use, monitoring of students while in timeout, and how often timeout can be used? Additional questions were asked to examine some of the legal and ethical issues that have been raised in the literature. It was reported by 52.9% of respondents that their school district had a written policy regarding the use of timeout, whereas 47% reported no written policies. Table 28 shows the percentage of participants reporting on district policy. It should be noted that the data in Table 28 reflect the responses of participants who indicated that their state and/or school district had written policies regarding the use of timeout.

It was reported by 75.3% of participants that their district policies included guidelines for the use of *various types* of timeout, and 81.6% reported that their policies included *procedures* for the use of timeout. District policies included requirements and specifications for the timeout area and space according to 78.1% of participants, and

Table 28

Percentage of Respondents Who Reported on the Specifics of District Policies

Policy	% Yes	% No
District had a policy	52.9	47.0
Policy Included:		
Types of timeout	75.3	24.7
Parameters of space	78.1	21.9
Procedures for use	81.6	18.4
Monitoring students	89.1	10.9
Frequency of use	40.1	59.9

89.1% reported that policies included requirements for monitoring students during timeout.

Research Question 20

Will educators report monitoring a student while in timeout? Regardless of whether or not policies included guidelines on monitoring students, 92% of respondents reported that they had a system for monitoring a student while in timeout, whereas 8% did not monitor students while in timeout. The majority of respondents (59.9%) reported that the policy did not have guidelines on how often timeout could be used with an individual student. Only 63.8% of respondents reported that policies had a stipulation that parents must be provided with information regarding the use of timeout. Similarly, 70.2% reported that parents were not required to give written consent for the use of timeout with their child.

In sum, timeout procedures have the potential to be misused and abused if done

incorrectly or without proper training, and there are still limited federal, state, and district guidelines regarding the use of timeout procedures. Only 63.2% of respondents in the current survey reported that they had state guidelines for timeout procedures, and only 52.9% reported guidelines at the district level. Of those who reported having policies, 75.3% indicated that policies included guidelines for the use of various types of timeout, 81.6% reported on guidelines for the procedures for timeout use, 78.1% specified the requirements and specifications of timeout area/space, and 89.1% reported that policies stated requirements for monitoring students while in timeout.

Although not all policies specified guidelines for monitoring students, 92% of respondents reported that they did monitor students while in timeout. Preferably this number would be 100%; however, it is understandable that this might be a practical problem for teachers, as often they are the only adult in the room. It was reported by 59.9% of respondents that they had no guidelines on how often timeout could be used with an individual student. A total of 63.8% of respondents reported that policies included a stipulation that parents be provided with information regarding the use of timeout; however, only 29.8% of respondents reported that policies included a stipulation that parents must give their written consent for the use of timeout with their child. Information obtained from this survey supports previous research that there are limited federal, state, and district guidelines on the use of timeout procedures. It is important that written guidelines be established to ensure the safety of students and faculty, and to reduce the confusion and misuse surrounding this behavior-reduction technique.

Participant Satisfaction

Research Question 21

Will educators report that using timeout procedures is difficult in comparison with other procedures? Several questions were asked about respondents' satisfaction and general thoughts on using timeout. It was indicated by 78.1% of participants that timeout was not difficult to use in comparison with other procedures, whereas 21.9% said that it was. In order to further assess the acceptability of using timeout, several open-ended questions were asked about what participants liked or disliked about using timeout methods. In Table 29 are the three most frequently reported likes and dislikes regarding the use of timeout (with rankings from highest to lowest).

For the open-ended questions, percentages were calculated on the number of responses rather than the number of respondents who answered each question. Timeout was most liked for its ability to calm a student down (100 responses), whereas removing the stimuli and/or not providing reinforcement to a student was reported 69 times. Providing safety for others and/or reducing injury was reported 45 times. The most reported dislike was the overuse/misuse of timeout (56 responses). Reinforcing some behaviors and/or escalating some behaviors was reported 49 times, and loss of instructional time was reported 45 times.

Research Question 22

Will educators endorse timeout as an effective strategy for reducing inappropriate behaviors? Of the participants, 75.3% reported that timeout was an effective strategy for reducing inappropriate behaviors, whereas 24.7% reported that timeout was not an effective strategy.

Table 29

Participant Rankings of Likes and Dislikes in Using Timeout

Likes	Dislikes
• The ability of the student to calm down or regroup	• Overused/misused
• Removes the stimuli and/or does not give reinforcement	• Reinforces some behaviors and/or escalates behaviors
• Provides safety for others and/or reduces injury	• Loss of instructional time

In sum, as for teacher satisfactions, the majority of respondents reported that timeout appeared to be an easy and effective behavior-management strategy to implement. Benefits of timeout included: providing a calm-down period for the student, eliminating reinforcement to the student, and providing safety for the student, classmates, and adults. Respondents, however, agreed that timeout can be easily misused or overused, that timeout escalates some behaviors, and that the student loses important academic instructional time.

CHAPTER 4

DISCUSSION

Introduction

The current study examined the use of timeout as an intervention for problem behaviors by replicating the Zabel study conducted in 1986. The results of the current study indicate that timeout is still a frequently used method to decrease inappropriate behaviors. Not surprisingly, the population that the respondents indicated they used timeout with were students classified as having emotional disturbance and autism (IDEA, 2004), and the primary problems being addressed were physical aggression and noncompliance. The majority of the participants who completed the survey were older than 45, had some formal training in timeout procedures, and indicated that they felt competent to use these methods regardless of the grade level the participants worked with. Furthermore, most indicated that the school district they worked for and their state department of education had written policies regarding the use of timeout procedures.

Although in most cases the policies required that parents be informed when timeout was being used, less than a third of the respondents indicated that parents had to provide written consent for the use of timeout with their child. Although the respondents reported that relatively little information regarding the use of timeout procedures was written into the individual education program (IEP), the majority reported that timeout

procedures were more often than not used following or in conjunction with PBIS and/or MTSS, an FBA, and a BIP.

The current study suggests that a separate location for timeout may actually be used more often than it was when Zabel conducted her study in 1986; however, it is important to note that respondents to the current survey also reported that physical guidance was needed more than those responding nearly 30 years ago. One possibility is that certain behaviors are worse now or are perceived as being a greater threat to safety (e.g., students who become physically aggressive). Fortunately, there seems to be more monitoring of students when they are in timeout now, and more attention to keeping data on timeout use. For example, 92% of respondents to the current survey reported monitoring and 71.4% kept logs, vs. only 62% of respondents to Zabel's survey reporting monitoring of timeout and 53% keeping logs for timeout use.

Use of Guidelines in Timeout Procedures

Rozalski and colleagues (2006) and Yell (1994) had developed and outlined key principles and guidelines regarding the use of timeout in school settings to increase its safety and reduce legal and ethical concerns. These include having state education agencies require public school districts to develop timeout policies, training for staff, making sure these procedures are included in IEPs and behavior plans, gathering data on the use of these procedures and assessing their efficacy, and administrative oversight. They had recommended that these procedures be used only as a last resort when less-restrictive interventions have failed.

Guidelines developed by Rozalski et al. (2006) and Yell (1994) more specifically include (a) verifying that the state and school district permit the use of student timeout as

a behavior management strategy; (b) that teachers must have written procedures concerning the use of timeout; (c) that teachers should obtain signed parental permission to use timeout with students, especially if using the *exclusion* or *isolation/seclusion* forms of timeout; (d) that the IEP team should be involved in making decisions concerning the use of behavior-reduction procedures such as timeout; (e) that timeout must serve a legitimate educational function; (f) that timeout should never be used in a harsh or severe manner, and should be proportionate to the offense committed and the age and physical condition of the student; and (g) that when an intervention as intrusive as exclusionary or isolation/seclusion timeout is used, teachers need to keep thorough records.

In 2012, the United States Department of Education released a document outlining 15 principles regarding the use of restraint and seclusion. These included but were not limited to using restraint and seclusion only in situations in which the child's behavior poses imminent danger of serious physical harm to self or others, regular teacher trainings on the appropriate use of effective alternatives to physical restraint and seclusion such as PBIS, ensuring constant visual monitoring of children, informing parents of restraint and seclusion policies and notifying them as soon as possible following an instance in which restraint or seclusion is used, and regularly reviewing policies on seclusion and restraint.

The Association for Behavior Analysis International, 2011 (Vollmer et al., 2010) suggested that the behavior intervention plan that incorporates the use of timeout must (a) be derived from a behavioral assessment, (b) incorporate reinforcement strategies for appropriate behavior, (c) be of brief duration, (d) be evaluated by objective outcome data, and (e) be consistent with the scientific literature and current best practices. Butler (2015)

also recommended that seclusion and restraint should be allowed only in emergency situations in which physical safety is a concern. Seclusion and restraint should be used only if less restrictive measures are not working, if parents are promptly notified when such practices are used, if data are collected, and if staff are appropriately trained.

Results from the current study suggest that these guidelines are not being followed. Results show a failure to obtain parental consent, limited documentation regarding the use of timeout in a student's IEP, and limited information regarding district policies on timeout procedures. Participants did seem aware of other guidelines, as the majority of respondents did monitor their students while in timeout and did keep a timeout log; however, these were not at the rate of 100% compliance as they should be.

Correspondence of Findings With Prior Research

Findings from previous survey research conducted by Zabel (1986), asking special education teachers to identify variables associated with the use of timeout, suggest that timeout was a popular behavior-change technique, as more than half of the respondents reported using the procedure. Table 30 displays a general overview of similarities and differences between the results from the current study and the results from the 1986 Zabel study.

A total of 86% of the respondents agreed with the Alberto and Troutman (1982) definition that timeout is "a behavior reduction procedure in which the student is denied access, for a fixed period of time, to the opportunity to receive reinforcement" (p. 358), whereas 69.4% of respondents from the current study agreed with the definition.

The two studies were also similar in that physical aggression was chosen as the behavior that most often resulted in the use of timeout procedures. Verbal aggression and

Table 30

Similarities and Differences Between the Current Study and the Zabel (1986) Study

Similarities	Differences
1. Timeout is intended to deny access to receive reinforcement	1. More reported district policies now (53% current; 22% Zabel)
2. Aggression and noncompliance most often result in timeout	2. More reported use of written logs now (71% current; 53% Zabel)
3. Used mostly with students in elementary school	3. More reported monitoring children in timeout now (92% current; 62% Zabel)
	4. More reported use of a separate facility now (47% current; 37% Zabel)
	5. More reported use of physical persuasion now (70% current; 36% Zabel)
	6. Less reported parent notification now (64% current; 88% Zabel)

destruction of property were also among the top behaviors to lead to the use of timeout in the Zabel (1986) study, whereas physical aggression (toward staff) and noncompliance with adult directions were indicated in the current study. In the current study, less than 10% of respondents reported that destruction of property resulted in the use of timeout procedures. Results from both the current survey and the Zabel (1986) survey showed that timeout procedures are used more with younger students than with students in older grades.

Although certain data from the current study were similar to those of Zabel's, there were a number of differences. In regard to district policies, nearly a quarter of the respondents in the Zabel (1986) study reported that their district had written guidelines on the use of timeout, whereas nearly 52.9% of the respondents to the current survey reported the same.

Approximately two thirds of the respondents to the current survey reported that

their school district policies included a stipulation that parents be provided with information regarding the use of timeout, though surprisingly almost three quarters of the respondents reported that parents were not required to give written consent before timeout was used with their child. This could be explained by the differences of timeout on a continuum, where timeout to the hall may not require parental permission but seclusionary timeout would require written permission. Interestingly, a larger percentage (88%) of respondents in the Zabel study reported that parents were informed about timeout before its use. If the current data accurately reflect practice, it is concerning that there seems to be less emphasis on informing parents about the use of timeout procedures, which is contrary to guidelines indicating that parents should be notified.

A recent review of state restraint and seclusion laws, regulations, rules, and policies (Butler, 2015) showed that only 22 states had laws providing meaningful protections against restraint and seclusion for all children; 34 for children with disabilities. In 23 states, schools must by law notify all parents of both restraint and seclusion; in 35, parents of students with disabilities (Butler, 2015). Documenting that parents have been notified ensures that parents are fully informed about their child's behavior and the school's response, and helps parents participate as informed team members to determine whether behavioral supports are effective (United States Department of Education, 2012). Less than one third of respondents reported that timeout procedures were always written into an individual education plan (IEP). This lack of parental consent and documentation in IEPs is concerning, and it should be questioned why schools are not informing parents.

Not all states have written policies; however, those that do are often very specific to the circumstance in which timeout is used, the type of data that must be collected, and

the information that must be provided to parents. When seclusionary timeout is used, guidelines seem to be most specific and require parent permission (e.g., Kentucky's Department of Education and Utah's State Office of Education). According to the Utah Administrative Code R277,

When an emergency situation occurs that requires the use of an emergency safety intervention to protect the student or others from harm, a school shall notify the LEA and the student's parent or guardian as soon as possible (within 24 hours). (para. 278)

Some states, such as Connecticut, require that planning and placement teams (PPTs) reconvene after a student has been secluded as an emergency intervention more than two times in a marking period (Eagan et al., 2015). Mandates such as these may be most helpful in determining the effectiveness of timeout, especially seclusionary procedures (Eagan et al., 2015).

Conclusion

For the past 18 years there has been greater attention given to least-restrictive (and aversive) procedures and positive methods than seclusion and timeout. This includes evidence-based positive behavior interventions and supports (PBIS), multitiered system of supports (MTSS), and other nonseclusionary de-escalation techniques (Benedictis et al., 2011; Everett, 2010; Horner & Sugai, 2009; Israeloff, 1994; Readdick & Chapman, 2001; Ryan, Peterson, Tetreault, et al., 2007; Stewart, 2011; Yankouski, 2012).

Some classroom-management practices still rely on aversive consequences, whereas approaches such as PBIS and MTSS use more proactive methods to manage challenging behaviors and increase students' active engagement in learning (Zuna &

McDougall, 2004). The results of the current study suggest that the majority of personnel using timeout procedures also used PBIS and MTSS. Timeout procedures, however, were still used, and according to the current data, more often with students who had an emotional disorder or autism spectrum disorder and manifested significant noncompliance and/or physical aggression. It appears that timeout was used less often with students who had sensory impairments and those with medically related problems such as traumatic brain injury.

Researchers, including Zuna and McDougall (2004), have found that functional assessment and PBIS can be very effective tools for managing undesirable behaviors, especially with behaviors that serve functions such as attention seeking and escape/avoidance of academic tasks. PBIS/MTSS techniques, however, may not be as appropriate for reducing significant behavior problems for the Tier-3 students. By definition, these students require more direct intervention as well as specialized training to manage behaviors such as severe noncompliance and aggression.

Limitations

The current study had several limitations, including a relatively small sample size and a return rate of only 21%. Although there were a commensurate number of responses from each of the eight regions within the United States as divided by the CCDB, there may be a difference in the respondents vs. the nonrespondents. A substantial number of participants did not return a questionnaire, and it should be taken into account that these participants may have known the least about timeout procedures and/or did not feel comfortable answering a questionnaire concerning the topic.

Participants from the Council for Children with Behavioral Disorders (CCBD) are

also not going to reflect the opinions and experiences of all professional groups or individuals who utilize timeout procedures with students. Members of the CCBD may differ in significant ways from those who choose not to belong to such an organization. A larger, more diverse sample may have been more difficult to access but more representative responses may have been obtained. Furthermore, there were no mechanisms to corroborate survey data (e.g., observations of teachers using timeout, review of school records showing parental consent, or available district and state guidelines and policies).

Several questions on the survey questionnaire required participants to respond only if prior questions had been answered. Also, it is not clear if participants clearly understood the differences among the various timeout procedures, in particular what the difference is when seclusionary timeout is used.

Finally, only descriptive statistics were used to describe the data and no correlations were calculated or data analyzed to assess the statistical relationship among variables in the study.

Future Research

Future research should investigate the use of this questionnaire with a larger sample size, an increased number of responses, and a more diverse sample other than members of CCBD. A study that collects data to corroborate survey information, even if just a subset of individuals, would be important. In addition, correlational analyses need to be conducted to further investigate relationships among the variables studied. Other suggestions include clarifying to a further extent the difference between types of timeout procedures, in particular seclusionary time out, and adding items that would help

assess educators' utilization and perceptions of the effectiveness of seclusion practices, not just timeout in general.

More information and research could be collected to examine the specifics of state policies in the areas of timeout and seclusion practices. In addition, research is needed to examine the perceptions of parents on the use of timeout practices in the schools and compare these to those of the professionals who actually use the methods (e.g., teachers, behavior specialists, and school psychologists). A future study could investigate how much of the parents' information comes from professionals working with their children, their knowledge of district and state policies, their knowledge of timeout use within their district, and whether their written consent is obtained by staff. Information could also be collected in regard to the relationship between home and school use of timeout procedures.

Although combining PBIS/MTSS with timeout or seclusion strategies seems promising, the current literature review did not yield studies that examined timeout along with PBIS or MTSS. More research in this area is necessary to determine how various practices are combined or selectively used.

APPENDIX A

SURVEY QUESTIONNAIRE

Survey Questions

Part I: Timeout Definition

Please circle your answer and/or fill in each space.

Q-1 Please pick only **one** - Timeout is best defined as a strategy used to reduce inappropriate behavior by:

- 1 Removing the student to another environment for a fixed period of time when they misbehave
- 2 Placing a student in a room specifically designed for timeout purposes for a fixed period of time
- 3 Denying the student access to receive reinforcement for a fixed period of time to reduce inappropriate behavior

Part II: Demographics Section

Please circle your answer and/or fill in each space.

Q-2 City, State in which you work

Q-3 What is your current position?

- 1 General Education Teacher
 - 2 Special Education Teacher
 - 3 School Psychologist
 - 4 School Administrator
 - 5 District level Administrator
 - 6 Retired Educator (please list last assignment and ending date) _____
 - 7 Other (Please specify)
-

Q-4 How many years of experience do you have in education?

- 1 1-3 years
- 2 4-6 years
- 3 7-9 years
- 4 10-15 years
- 5 15-20 years
- 6 20 or more years

Q-5 What is your highest earned college degree?

- 1 Bachelor's degree
 - 2 Master's degree
 - 3 Doctoral degree
 - 4 Other (please specify) _____
-

Q-6 In what year did you obtain your highest degree? _____

Q-7 What is your age?

- 1 25 years or under
- 2 26 – 35 years
- 3 36 – 45 years
- 4 46 – 55 years
- 5 56 years and older

Q-8 Are you

- 1 Male
- 2 Female

Q-9 How familiar do you consider yourself to be with timeout procedures?

Circle the appropriate number on the following scale:

UNFAMILIAR	SOMEWHAT FAMILIAR	VERY FAMILIAR
1	2	3
4	5	

Q-10 How confident do you feel about using timeout procedures?

Circle the appropriate number on the following scale:

UNSURE	SOMEWHAT SURE	VERY CONFIDENT
1	2	3
4	5	

Part III: Program Information

Please circle your answer and/or fill in each space.

Q-11 What is the eligibility of the students that timeout procedures are used with most often in your classroom/setting (eligibility category according to IDEA 2004 or your state regulations)? Circle as many as apply.

- 1 Emotional Disturbance
- 2 Specific Learning Disability
- 3 Intellectual Disability
- 4 Development Delay
- 5 Autism
- 6 Speech or Language Impairment
- 7 Other Health Impairment
- 8 Multiple Disabilities
- 9 Traumatic Brain Injury
- 10 Deaf-Blindness
- 11 Hearing Impairment
- 12 Orthopedic Impairment
- 13 Visual Impairment, Including Blindness

Q-12 What is the grade of the students that you most often work with? Circle all that apply.

- 1 Preschool
- 2 K-1

- 3 2-3
- 4 4-5
- 5 6-8
- 6 9-10
- 7 11-12
- 8 Post High School

Q-13 How much training have you received in regard to using timeout?

- 1 None
- 2 One to four hours
- 3 Five to eight hours
- 4 Two or more days
- 5 A college semester
- 6 More than one college semester

Q-14 What types of training have you received in regard to using timeout? (circle all that apply)

- 1 Face-to-face lecture/instruction/workshop
 - 2 Satellite course/distance education course
 - 3 Video Training
 - 4 Written or correspondence course
 - 5 Trained on the job
 - 6 One-on-one instruction
 - 7 Training was included in another type of course (e.g., behavior management, crisis management, etc.)
 - 8 Training within a college program
 - 9 Other
-

Q-15 From what type of organization did you receive your training? (circle all that apply)

- 1 School District
 - 2 University
 - 3 State sponsored conference/seminar
 - 4 Private Organization (Please specify) _____
 - 5 Other
-

Q-16 Do you receive support from other professionals including the provision of feedback and/or consultation concerning the use of timeout procedures?

- 1 YES
- 2 NO

**If you answered yes to #16 above, please answer #17 and 18. If no, skip to #19.
If yes,**

Q-17 Which professionals provide feedback and/or consultation? (circle all the apply)

- 1 Administrator

- 2 Other Teacher(s)
 - 3 District Personnel
 - 4 Behavior Specialist
 - 5 School Psychologist
 - 6 Other
-

Q-18 How often do you receive feedback and/or consultation? (circle that which is closest to the actual number of times)

- 1 Daily
- 2 2-3 times a week
- 3 Once per week
- 4 Twice a month
- 5 Once a month
- 6 4-6 times a year
- 7 Twice a year
- 8 Once a year

Part IV: Timeout Procedures

Please circle your answer and/or fill in each space.

Q-19 Which of the following are the two most common behaviors that result in use of a timeout procedure? Circle two.

- 1 Noncompliance to adult directions
 - 2 Physical aggression towards staff
 - 3 Physical aggression towards peers
 - 4 Verbal aggression
 - 5 Disruption
 - 6 Destruction of property
 - 7 Self-injurious behaviors
 - 8 Refusal to work
 - 9 Inappropriate language
 - 10 Failure to complete work
 - 11 Other
-

Q-20 How often is a timeout procedure used in your classroom/setting (number or times per week/month)?

- 1 Two or 3 times a year
- 2 1-3 times a month
- 3 1-4 times a week
- 4 1 or more times a day

Q-21 What is the number of minutes, on average, that students spend in timeout, per incidence, for a problem behavior?

- 1 Less than 5 minutes

- 2 5-10 minutes
- 3 15-30 minutes
- 4 30-45 minutes
- 5 Over 45 minutes

Q-22 In your classroom or setting, is the function of the problematic behavior assessed when using timeout procedures?

- 1 YES 2 NO

Q-23 In your classroom or setting, are timeout procedures used as a result of, or in conjunction with, a written behavior intervention plan (BIP)?

- 1 YES 2 NO

Q-24 How often is a Functional Behavior Assessment (FBA) completed to help make the decision to use timeout or to assess the effectiveness of timeout procedures?

NEVER		SOMETIMES		ALWAYS
1	2	3	4	5

Q-25 In your classroom or setting, are timeout procedures used following, or in conjunction with, positive behavior interventions and supports (PBIS) and/or multi-tiered system of supports (MTSS)?

NEVER		SOMETIMES		ALWAYS
1	2	3	4	5

Q-26 Are timeout procedures written into a student's IEP when it is used with that student?

NEVER		SOMETIMES		ALWAYS
1	2	3	4	5

Q-27 Are students educated on the use of timeout procedures prior to its implementation?

- 1 YES 2 NO

Q-28 Does your school district have a written policy regarding the use of timeout?

- 1 YES 2 NO

Q-29 Does your state department of education have a written policy regarding the use of timeout?

- 1 YES 2 NO

If you answered yes to EITHER #28 or #29 above, please answer #30-39. If no, skip to #40.

Does the policy include:

Q-30 The guidelines for the use of various types of timeout?

- 1 YES 2 NO

Q-31 The requirements and specifications of timeout area/space?

1 YES 2 NO

Q-32 The procedures for use of timeout?

1 YES 2 NO

Q-33 The requirements for monitoring of students while in timeout?

1 YES 2 NO

Q-34 How often it can be used with an individual student?

1 YES 2 NO

Q-35 A stipulation that parents must be provided with information regarding the use of timeout?

1 YES 2 NO

Q-36 A stipulation that parents must give their written consent for use of timeout with their child?

1 YES 2 NO

Q-37 Do you have/use a separate facility designated for timeout?

1 YES 2 NO

Q-38 If using a separate facility, is there a locking mechanism on the door?

1 YES 2 NO

Q-39 Do you have a written log of timeout use?

1 YES 2 NO

If you answered yes to #39 above, please answer #40, & 41. If no, skip to #42.

Q-40 Does the log include the student behavior that resulted in the use of timeout?

1 YES 2 NO

Q-41 Does the log include total student time spent in timeout?

1 YES 2 NO

Q-42 Do you have a system for monitoring a student while in timeout?

1 YES 2 NO

Q-43 Have you needed to physically manipulate or guide a student when using timeout?

1 YES 2 NO

Q-44 Do you use physical restraint as an alternative to using timeout?

1 YES 2 NO

Q-45 Have you had formal training in the use of physical restraint procedures?

- 1 YES 2 NO

Q-46 If you answered YES to #45 above, please describe the training you received.

Q-47 Is using timeout difficult to use in comparison with other procedures?

- 1 YES 2 NO

Q-48 Do you see timeout as an effective strategy for reducing inappropriate behaviors?

- 1 YES 2 NO

Q-49 What three aspects of timeout do you like the most?

Q-50 What three aspects of timeout are most problematic for you?

Q-51 Do you see a difference between a timeout procedure used for misbehavior, and a seclusion procedure used for misbehavior?

- 1 If YES, why?

-
- 1 If NO, why?
-

Q-52 Are you familiar with the following procedures:

- | | | | |
|----|-----------------------------|-----|----|
| 1 | Planned Ignoring | YES | NO |
| 2 | Withdrawal of Materials | YES | NO |
| 3 | Timeout of a Preferred Item | YES | NO |
| 4 | Timeout Ribbon | YES | NO |
| 5 | Contingent Observation | YES | NO |
| 6 | No-Look Timeout | YES | NO |
| 7 | Head Down Timeout | YES | NO |
| 8 | Timeout to the Hall | YES | NO |
| 9 | Timeout to Another Class | YES | NO |
| 10 | In-School Suspension | YES | NO |
| 11 | Timeout to a Specific Room | YES | NO |

APPENDIX B

GLOSSARY OF TERMS

GLOSSARY OF TERMS

Functional Behavior Assessment (FBA): A set of procedures used to identify the function of a target behavior and also to develop a behavior intervention plan (BIP) to reduce the occurrence of the targeted behavior.

Noncompliance: An intentional refusal to follow written or verbal directions.

Physical Aggression: A behavior, that is intentional and is intended to hurt another, either through face-to-face contact with the person or attempting to hurt another without contact, such as with an object.

Disruption: Intentional interruption of a classroom routine or lesson, or causing other students to be distracted from an assignment or class work.

Verbal Aggression: A communication intended to cause psychological pain to another person, or a communication perceived as having that intent.

Destruction of Property: Intentionally destroying or defacing property, either one's own or that belonging to another.

Self-Injurious Behavior: Performance of deliberate and repetitive acts of physical harm to one's own body.

Behavior Intervention Plan (BIP): A written, individualized behavior support plan that addresses identified behavioral concerns and strategies for reinforcement of targeted replacement behaviors.

Positive Behavior Interventions and Supports (PBIS): A comprehensive, research-based, proactive approach to behavioral support that involves identifying the purpose of challenging behavior; teaching appropriate alternative responses that serve the same purpose as the challenging behavior; consistently rewarding positive behaviors and minimizing the rewards for challenging behavior; and minimizing the physiological, environmental, and curricular elements that trigger challenging behavior

Multi-Tiered System of Support (MTSS): A set of activities designed to support the implementation of a data-driven, problem-solving model within a multitiered delivery system. It is a continuous-improvement model in which problem solving and evidence-based decision making occurs in an ongoing way and across multiple levels of the educational system. It positively impacts student outcomes by creating capacity for an integrated academic and behavior-support system that can be implemented with fidelity, is sustained over time, and utilizes data-based decision making at all levels of implementation.

APPENDIX C

INITIAL COVER LETTER

Dear Fellow Educator,

I am a graduate student in the Educational Psychology program at the University of Utah working with Dr. William R. Jenson. I am interested in the practice of timeout, including its use and effectiveness as perceived by educators in the field. As a part of my Doctoral dissertation, I have enclosed a very important survey. Following this section are some demographic questions for comparison purposes. Included in the survey instrument is a glossary of terms that may be unclear. Also included is a self-addressed, stamped return envelope in which you may return your survey. If you are interested in the results of the survey please complete the separate sheet before returning.

The purpose of this survey is to gather information regarding the utilization, understanding, and perceived effectiveness of timeout procedures in working with students with challenging behaviors. This will also provide critical information in regard to the use of behavioral interventions with students with varying disabilities.

Time to complete the survey: It is anticipated that completion of the survey will take approximately 20-25 minutes. If you choose to participate in this study, you will be asked to:

1. Complete the enclosed survey, and
2. Return the completed survey in the enclosed self-addressed, stamped envelope.

Confidentiality and Consent: All of the information collected will be kept strictly confidential and will be stored in a locked office file cabinet. All information will be collected anonymously and you will not be identified individually in the results of the study. By completing and returning the survey in the enclosed self-addressed, stamped envelope, you are agreeing to participate in this survey and study.

Voluntary Participation and Risks: Participation in this survey study is entirely voluntary. You may refuse to participate in this survey without consequence. There is very minimal risk to you in participating in this study. This survey does not ask for your name, and your responses will not be reported individually in the results of this study. By completing this survey you will have access to the results prior to the general population.

Institutional Review Board: If you have any questions regarding your rights as a research subject, or if problems arise that you do not feel you can discuss with the investigators, please contact the University of Utah Institutional Review Board Office at (801) 581-3655.

Costs to Participants & Number of Participants: There are no costs to you for participating in this survey study. A total of 1,000 participants are being asked to participate in this survey study.

Person to Contact: If you have any questions about participating in this survey or if you would like a copy of the results, you may contact Allison Jones by email at

allison.m.jones@utah.edu or by phone at (207)557-4826.

Thank you for reading this information and considering participation in this study. Your time and effort is greatly appreciated. The results of this study will provide essential information that will be used to broaden the knowledge base of educators that work with students with challenging and difficult behaviors, improve the effectiveness of the behavioral strategies that are used in schools and other settings, and assist in maintaining the safety and dignity of students.

Sincerely,

Allison M. Jones, M.A.
Ph.D. Candidate
Educational Psychology

William R. Jenson, Ph.D.
Professor
Educational Psychology

APPENDIX D

FOLLOW-UP COVER LETTER

Dear Fellow Educator,

Last week a survey was mailed to you seeking your responses on several items related to the use of timeout procedures. You were drawn from a random sample of educators to participate in this survey study.

If you have already completed and returned the survey, please accept our sincere thanks. If not, please take a few minutes to do so today. Because it has been sent to a small but representative sample of educators, it is very important that your responses are included in the study. We want the results to accurately represent the views of educators nationally.

If by some chance you did not receive the survey, or it has been misplaced, please call us at (207) 557-4826 and we will mail another survey to you. You do not need to give us your name, just some demographic information to ensure that our sample is representative. Thank you again for your assistance.

Sincerely,

Allison M. Jones, M.A.
Ph.D. Candidate
Educational Psychology

William R. Jenson, Ph.D.
Professor
Educational Psychology

APPENDIX E

SURVEY WITH RESPONSES

Survey Questions with Responses

Part I: Timeout Definition

Please circle your answer and/or fill in each space.

Q-1 Please pick only one - Timeout is best defined as a strategy used to reduce inappropriate behavior by: **33 people did not respond**

1 Removing the student to another environment for a fixed period of time when they misbehave – **42 respondents or 24.3%**

2 Placing a student in a room specifically designed for timeout purposes for a fixed period of time – **11 respondents or 6.4%**

3 Denying the student access to receive reinforcement for a fixed period of time to reduce inappropriate behavior – **120 respondents or 69.4 %**

Part II: Demographics Section

Please circle your answer and/or fill in each space.

Q-2 City, State in which you work - **2 did not respond**

1.Alabama - 2

26.Montana - 3

2.Alaska - 4

27.Nebraska - 3

3.Arizona - 7

28.Nevada - 3

4.Arkansas - 4

29.New Hampshire - 4

5.California - 13

30.New Jersey - 1

6.Colorado - 9

31.New Mexico - 0

7.Connecticut - 2

32.New York - 2

8.Delaware - 1

33.North Carolina - 8

9.Florida - 3

34.North Dakota - 7

10.Georgia - 7

35.Ohio - 0

11.Hawaii - 0

36.Oklahoma - 2

12.Idaho - 4

37.Oregon - 6

13.Illinois - 4

38.Pennsylvania - 6

14.Indiana - 5

39.Rhode Island - 2

15.Iowa - 6

40.South Carolina - 4

16.Kansas - 6

41.South Dakota - 1

17.Kentucky - 5

42.Tennessee - 5

18.Louisiana - 3

43.Texas - 5

19.Maine - 4

44.Utah - 9

20.Maryland - 5

45.Vermont - 2

21.Massachusetts - 6

46.Virginia - 5

22.Michigan - 4

47.Washington - 6

23.Minnesota - 3

48.West Virginia - 0

24.Mississippi - 2

49.Wisconsin - 5

25.Missouri - 2

50.Wyoming - 4

Q-3 What is your current position? (# of respondents / %) - 1 person did not respond

- 1 General Education Teacher – 3 / 1.5%
- 2 Special Education Teacher – 99 / 48.3%
- 3 School Psychologist - 7 / 3.4%
- 4 School Administrator – 13 / 6.3 %
- 5 District level Administrator - 30 / 14.6%
- 6 Retired Educator (please list last assignment and ending date) - 7 / 3.4 %
- 7 Other (Please specify) - 46 / 22.4% included consultant, BCBA, PBIS specialist, Teacher Educator, substitute, 1-on-1 aid, Clinical Psych,

Q-4 How many years of experience do you have in education?

- 1 1-3 years – 20 respondents or 9.7%
- 2 4-6 years – 14 or 6.8%
- 3 7-9 years – 15 or 7.3%
- 4 10-15 years - 39 or 18.9 %
- 5 15-20 years – 32 or 15.5 %
- 6 20 or more years – 86 or 41.7%

Q-5 What is your highest earned college degree?

- 1 Bachelor's degree – 28 respondents or 13.6%
- 2 Master's degree – 120 or 58.3%
- 3 Doctoral degree – 39 or 18.9%
- 4 Other (please specify)- 19 or 9.2% - include EdS, CAGS, Ed Specialist

Q-6 In what year did you obtain your highest degree? 1 person did not respond. Mode = 2010 (20 people /9.7%), Range = 1969 to 2014

Q-7 What is your age? – 2 people did not respond

- 1 25 years or under – 8 respondents or 3.9%
- 2 26 – 35 years – 34 or 16.5%
- 3 36 – 45 years - 43 or 20.9%
- 4 46 – 55 years - 59 or 28.6%
- 5 56 years and older – 60 or 29.1%

Q-8 Are you - 2 (1%) did not respond

- 1 Male – 37 or 18%
- 2 Female – 167 or 81.9%

Q-9 How familiar do you consider yourself to be with timeout procedures?

Circle the appropriate number on the following scale: 2 people did not respond

UNFAMILIAR	SOMEWHAT FAMILIAR			VERY FAMILIAR
1	2	3	4	5
1 (.5%)	2 (1.0%)	23 (11.3%)	63 (30.9%)	115 (56.4%)

Q-10 How confident do you feel about using timeout procedures?

Circle the appropriate number on the following scale: 4 did not respond

UNSURE		SOMEWHAT SURE		VERY CONFIDENT
1	2	3	4	5
3 (1.5%)	2 (1%)	28 (13.9%)	71 (35.1%)	98 (48.5%)

Part III: Program Information

Please circle your answer and/or fill in each space.

Q-11 What is the eligibility of the students that timeout procedures are used with most often in your classroom/setting (eligibility category according to IDEA 2004 or your state regulations)? Circle as many as apply. (responses, not respondents)

- 1 Emotional Disturbance – 176 / 27.4% = #1
- 2 Specific Learning Disability – 64 / 10%
- 3 Intellectual Disability – 55 / 8.6%
- 4 Development Delay – 41 / 6.4%
- 5 Autism – 97 / 15.1% = #2
- 6 Speech or Language Impairment – 28 / 4.4%
- 7 Other Health Impairment – 86 / 13.4% = #3
- 8 Multiple Disabilities – 48 / 7.5%
- 9 Traumatic Brain Injury – 14 / 2.2%
- 10 Deaf-Blindness – 6 / 0.9%
- 11 Hearing Impairment – 9 / 1.4%
- 12 Orthopedic Impairment – 9 / 1.4%
- 13 Visual Impairment, Including Blindness- 9/1.4%

Q-12 What is the grade of the students that you most often work with? Circle all that apply.(responses, not respondents)

- 1 Preschool – 52 or 7.4%
- 2 K-1- 103 / 14.7%
- 3 2-3 – 113 / 16%
- 4 4-5 – 111 / 15.8%
- 5 6-8 – 113 / 16.1%
- 6 9-10- 91 / 13%
- 7 11-12- 86 / 12.3%
- 8 Post High School – 33 / 4.7%

Q-13 How much training have you received in regard to using timeout? 4 people did not respond

- 1 None- 19 respondents / 9.4%
- 2 One to four hours – 27 / 13.2%
- 3 Five to eight hours – 25 / 12.3%
- 4 Two or more days – 50 / 24.5%
- 5 A college semester – 15 / 7.3 %
- 6 More than one college semester- 66 / 32%

Q-14 What types of training have you received in regard to using timeout? (circle all that apply) (responses not respondents)

- 1 Face-to-face lecture/instruction/workshop – 153/ 74.3%

- 2 Satellite course/distance education course – 13 / 6.3%
- 3 Video Training – 40 / 19.4 %
- 4 Written or correspondence course – 13 / 6.3%
- 5 Trained on the job – 119 / 57.8%
- 6 One-on-one instruction – 37 / 18%
- 7 Training was included in another type of course (e.g., behavior management, crisis management, etc.) – 148 / 71.8%
- 8 Training within a college program – 91 / 44.2%
- 9 Other - 21 / 10.2% included residential setting, self-taught with state guidelines.

Q-15 From what type of organization did you receive your training? (circle all that apply) (responses not respondents)

- 1 School District – 126 / 61.2%
- 2 University – 135 / 65.5 %
- 3 State sponsored conference/seminar – 71 / 34.5%
- 4 Private Organization (Please specify) - 34 / 16.5%
- 5 Other - 22 / 10.7% include Bill Jenson, read state guidelines.

Q-16 Do you receive support from other professionals including the provision of feedback and/or consultation concerning the use of timeout procedures? 9 people did not respond

- 1 YES – 137 respondents /69.5%
- 2 NO – 60 respondents / 30.4%

If you answered yes to #16 above, please answer #17 and 18. If no, skip to #19.

If yes,

Q-17 Which professionals provide feedback and/or consultation? (circle all the apply) (responses not respondents)

- 1 Administrator – 64 / 31.1%
- 2 Other Teacher(s) – 87 / 42.2 %
- 3 District Personnel – 58 / 23.2 %
- 4 Behavior Specialist – 86 / 41.7%
- 5 School Psychologist – 67 / 32.5%
- 6 Other - 37 / 18% include BCBA, Professor, therapist

Q-18 How often do you receive feedback and/or consultation? (circle that which is closest to the actual number of times) 68 people did not respond

- 1 Daily – 12 / 8.7%
- 2 2-3 times a week – 14 / 10.1%
- 3 Once per week – 16 / 11.6%
- 4 Twice a month – 15 / 10.9%
- 5 Once a month – 28 / 20.2 %
- 6 4-6 times a year – 28 / 20.2%
- 7 Twice a year – 12 / 8.7%
- 8 Once a year – 13 / 9.4%

Part IV: Timeout Procedures

Please circle your answer and/or fill in each space.

Q-19 Which of the following are the two most common behaviors that result in use of a timeout procedure? Circle two. (Responses not respondents)

- 1 Noncompliance to adult directions – 61 / 14% #3
- 2 Physical aggression towards staff – 86 / 19.7% #2
- 3 Physical aggression towards peers – 118 / 27% #1
- 4 Verbal aggression – 41 / 9.4%
- 5 Disruption - 46 / 10.5%
- 6 Destruction of property – 19 / 4.3 %
- 7 Self-injurious behaviors – 25 / 5.7%
- 8 Refusal to work – 20 / 4.6%
- 9 Inappropriate language – 11 / 2.5%
- 10 Failure to complete work – 4 / 0.9%
- 11 Other - 6 / 1.4% include attempt to leave campus, impeding instruction

Q-20 How often is a timeout procedure used in your classroom/setting (number or times per week/month)? 20 people did not respond

- 1 Two or 3 times a year – 34 respondents / 18.3%
- 2 1-3 times a month – 62 / 33.3%
- 3 1-4 times a week – 54 / 29%
- 4 1 or more times a day – 32 / 17.2%

Q-21 What is the number of minutes, on average, that students spend in timeout, per incidence, for a problem behavior? 12 people did not respond

- 1 Less than 5 minutes – 51 respondents / 26%
- 2 5-10 minutes – 96 / 49%
- 3 15-30 minutes – 39 / 20%
- 4 30-45 minutes – 7 / 3.6%
- 5 Over 45 minutes – 1 / 0.5%

Q-22 In your classroom or setting, is the function of the problematic behavior assessed when using timeout procedures? 15 did not respond

- 1 YES – 169 respondents / 88.4%
- 2 NO – 22 / 11.5%

Q-23 In your classroom or setting, are timeout procedures used as a result of, or in conjunction with, a written behavior intervention plan (BIP)? 14 people did not respond

- 1 YES – 168 / 87.5%
- 2 NO – 24 / 12.5%

Q-24 How often is a Functional Behavior Assessment (FBA) completed to help make the decision to use timeout or to assess the effectiveness of timeout procedures? 7 people did not respond

NEVER		SOMETIMES		ALWAYS
1	2	3	4	5
12 / 6%	17 / 8.5%	57 / 28.6%	66 / 33%	47 / 23.6%

Q-25 In your classroom or setting, are timeout procedures used following, or in conjunction with, positive behavior interventions and supports (PBIS) and/or multi-tiered system of supports (MTSS)? **11 people did not respond**

NEVER	SOMETIMES			ALWAYS
1	2	3	4	5
8 / 4.1%	7 / 3.6%	32 / 16.4%	48 / 24.6%	100 / 51.3%

Q-26 Are timeout procedures written into a student's IEP when it is used with that student? **12 people did not respond**

NEVER	SOMETIMES			ALWAYS
1	2	3	4	5
17 / 8.7%	20 / 10.3%	53 / 26.8%	46 / 23.7%	58 / 29.8%

Q-27 Are students educated on the use of timeout procedures prior to its implementation? – **15 did not respond**

1 YES – 154 / 80.6% 2 NO – 37 / 19.4%

Q-28 Does your school district have a written policy regarding the use of timeout? – **17 people did not respond**

1 YES – 100 / 52.9% 2 NO – 89 / 47%

Q-29 Does your state department of education have a written policy regarding the use of timeout? **24 did not respond**

1 YES – 115 / 63.2% 2 NO – 67 / 36.8%

If you answered yes to EITHER #26 or #27 above, please answer #28-36. If no, skip to #35.

Does the policy include:

Q-30 The guidelines for the use of various types of timeout? **60 did not respond**

1 YES – 110 / 75.3% 2 NO – 36 / 24.7%

Q-31 The requirements and specifications of timeout area/space? **60 did not respond**

1 YES – 114 / 78.1% 2 NO – 32 / 21.9%

Q-32 The procedures for use of timeout? **59 did not respond**

1 YES – 120 / 81.6% 2 NO – 27 / 18.4 %

Q-33 The requirements for monitoring of students while in timeout? **59 did not respond**

1 YES – 131 / 89.1% 2 NO – 16 / 10.9%

Q-34 How often it can be used with an individual student? **59 did not respond**

1 YES – 59 / 40.1% 2 NO – 88 / 59.9%

Q-35 A stipulation that parents must be provided with information regarding the use of timeout? **32 did not respond**

1 YES – 111 / 63.8% 2 NO – 63 / 36.2%

Q-36 A stipulation that parents must give their written consent for use of timeout with their child? 38 did not respond

1 YES – 50 / 29.8% 2 NO – 118 / 70.2%

Q-37 Do you have/use a separate facility designated for timeout? 21 people did not respond

1 YES – 86 / 46.5 % 2 NO – 99 / 53.5%

Q-38 If using a separate facility, is there a locking mechanism on the door? 61 did not respond

1 YES – 34 / 23.4% 2 NO – 111 / 76.6%

Q-39 Do you have a written log of timeout use? 24 did not respond

1 YES – 130 / 71.4% 2 NO – 52 / 28.6%

If you answered yes to #38 above, please answer #39, & 40. If no, skip to #41.

Q-40 Does the log include the student behavior that resulted in the use of timeout? 103 did not respond

1 YES – 97 / 94.2% 2 NO – 6 / 5.1%

Q-41 Does the log include total student time spent in timeout? 54 did not respond

1 YES – 129 / 84.9% 2 NO – 23 / 15.1%

Q-42 Do you have a system for monitoring a student while in timeout? 19 did not respond

1 YES – 172 / 92% 2 NO – 15 / 8%

Q-43 Have you needed to physically manipulate or guide a student when using timeout? 20 did not respond

1 YES – 130 / 69.9% 2 NO – 56 / 30.1%

Q-44 Do you use physical restraint as an alternative to using timeout? 20 did not respond

1 YES – 57 / 30.6% 2 NO – 129 / 69.4%

Q-45 Have you had formal training in the use of physical restraint procedures? 13 did not respond

1 YES – 178 / 92.2% 2 NO – 15 / 7.8%

Q-46 If you answered YES to #44 above, please describe the training you received. 88 people or 42.7% used CPI training, 19 people (9.2%) MANDT, 9 people (4.4%) Safety Care, 7 people (3.4%) through their school district, 5 people (2.4%) Right Response, 3 people (1.5%) each for Handle with Care, SELPA, college class, SUPPORT (state based

program), MAT, SAMA – Satori Alternative to Managing Aggression, Crisis Response Services (CRS), Devereaux, SKIP, etc. 46 people did not respond

Q-45 Is using timeout difficult to use in comparison with other procedures? **19 did not respond**

1 YES – 41 / 21.9% 2 NO – 146 / 78.1%

Q-46 Do you see timeout as an effective strategy for reducing inappropriate behaviors? **20 did not respond**

1 YES – 140 / 75.3% 2 NO – 46 / 24.7%

Q-47 What three aspects of timeout do you like the most? #1 – 16% (100 responses) Student is able to regroup / cool off. #2 11% (69 responses) it removes the stimuli / doesn't give reinforcement. #3 – 7.3% (45 responses) Safety of others / Reduces injury. Other responses included opportunity to process with the student after, reduces disruption, extinction of target behaviors, within the classroom/teacher still teaches, easy, quick, reduces need for restraint

Q-48 What three aspects of timeout are most problematic for you? #1 – 9% (56 responses) Overuse / misuse by staff. #2 – 7.9% (49 responses) Reinforces some behaviors/escalates behaviors/ #3 – 7.3% (45 responses) - Loss of instructional time. Other responses include student compliance, lack of documentation, multiple students at once, availability/space, monitoring students/extra staff, parent misunderstanding, learned avoidance, loss of instructional time, not using PBIS first, physically manipulating student, limited processing with student

Q-49 Do you see a difference between a timeout procedure used for misbehavior, and a seclusion procedure used for misbehavior? **23 people did not respond**

1 If YES, why? 164 respondents or 79.6%

3 If NO, why? 19 respondents or 9.2%

Q-52 Are you familiar with the following procedures: **(responses not respondents)**

1	Planned Ignoring	YES	NO
2	Withdrawal of Materials	YES	NO
3	Timeout of a Preferred Item	YES	NO
4	Timeout Ribbon	YES	NO
5	Contingent Observation	YES	NO
6	No-Look Timeout	YES	NO
7	Head Down Timeout	YES	NO
8	Timeout to the Hall	YES	NO
9	Timeout to Another Class	YES	NO
10	In-School Suspension	YES	NO
11	Timeout to a Specific Room	YES	NO

1 YES– 197 or 97.0% NO – 6 or 2.9% (3 did not respond)

2 YES – 189 or 93.1% NO – 14 or 6.9% (3 did not respond)

3	YES – 189 or 93.6%	NO – 13 or 6.6% (4 did not respond)
4	YES – 36 or 17.9%	NO – 165 or 82.0%	(5 did not respond)
5	YES – 94 or 46.8%	NO – 107 or 53.2%	(5 did not respond)
6	YES – 82 or 40.8%	NO – 119 or 59.2%	(5 did not respond)
7	YES – 162 or 81.0%	NO – 38 or 19.0%	(6 did not respond)
8	YES – 174 or 87.0%	NO – 26 or 13.0%	(6 did not respond)
9	YES – 184 or 91.5%	NO – 17 or 8.5%	(5 did not respond)
10	YES – 195 or 96.5%	NO – 7 or 3.5%	(4 did not respond)
11	Yes – 191 or 95.0%	NO – 10 or 5.0%	(5 did not respond)

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