# A Model for Using Time Out as an Intervention Technique with Families

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*Using time out to interrupt escalating conflict is an important first step in treating couples and families where physical and emotional abuse is present. Since a time out failure can jeopardize further treatment, developing effective methods for using time out is a therapeutic priority. By interpreting the family's failed attempts as skill deficits, their efforts can be reframed to facilitate their acceptance of new time out methods. These methods are integrated into a model which outlines six hierarchical levels of supplemental control needed to inhibit destructive behavior. The model provides guidelines and establishes incentives for developing a time out strategy appropriate to the family's current level of control. It is designed to guide therapists in helping families strengthen their skills and choose an alternative time out strategy when an initial method fails.*

## INTRODUCTION

Time out is a behavior reduction technique used by researchers and practitioners with a variety of populations (Brantner and Doherty, 1983; Nelson and Rutherford, 1983). Brantner and Doherty (1983) define time out as a "period of time in a less reinforcing environment made contingent on behavior" (p. 87). Time out has proven effective in reducing inappropriate social behaviors, including yelling, inappropriate verbal behavior, and

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other forms of aggression (Clark *et al.,* 1973; Ford and Ford, 1980; Plummer *et al.,* 1977; Solnick *et al.,* 1977).

While time out is an intervention strategy typically used with children (Patterson, 1978), it can also be an effective tool for couples and families (Deschner, 1984; Edleson, 1984; Ellis, 1976; Geller and Walsh, 1977; Mantooth *et al.,* 1987; Margolin, 1979; Sonkin and Durphy, 1982; Taylor, 1984; Walker, 1979; Weidman, 1986), particularly those experiencing physical and/or emotional abuse. In this context, time out can be viewed as any activity that interrupts a destructive pattern of behaviors so that constructive problem-solving can occur.

There is little discussion in the literature about the use of time out with adults and families. The more thorough descriptions (Deschner, 1984; Mantooth *et al.,* 1987; Sonkin and Durphy, 1982; Walker, 1979) provide ideas on how to improve the effectiveness of time out, but offer little about alternative strategies should time out efforts fail.

In this article, a conceptual model of time out will be explored, as well as ways to improve time out interventions in order to help individuals avoid continued destructive behavior. Basic assumptions about the time out model will be explained and the model outlined. Further, a discussion of its applicability to and effectiveness with families and couples will be presented.

## DESCRIPTION OF THE TIME OUT MODEL.
## BASIC ASSUMPTIONS

Inhibiting provocative behaviors in marital or other family interactions often requires some form of social control. Ideally, that control should occur within each individual. In reality, most individuals who seek therapy for abusive behaviors lack sufficient internal control to stop themselves after they begin to escalate. Thus, some individuals may benefit from an easily identifiable form of supplemental control. The Time Out model discussed herein consists of six hierarchical levels of intervention techniques (see Table I). At one end of the scale are the most developmentally sophisticated, least intrusive techniques. Their effectiveness is contingent on participants' having effective internal control. At the other end of the scale are time out techniques that impose control when internal control is insufficient. The time out levels are arranged so that if one experiences failure using a particular technique, he or she can choose a technique which requires less internal control and where they are more likely to realize some success.

Table I. Levels of Time Out Defined

| Level | Time Out Strategy | Definition |
|-------|-------------------|------------|
| 1 | Mental pause | Brief mental pause in interaction while person reorients his/her thinking based on recognition that if don't reorient will be thinking irrationally |
| 2 | Informal break | Socially excused absence that relies on an acceptable rationale to explain and justify the departure |
| 3 | Formal truce | Officially called time out based on predetermined rules which provide for sanctions if they are not followed |
| 4 | External intervention | Time out imposed by a predetermined third party who has been given authority to do so and who is respected by all involved (e.g., friend, therapist, minister) |
| 5 | Formal authority | Time out imposed by a third party who has the formal authority to exert physical, social, or legal force to restrict and contain aggressive behavior |
| 6 | Prolonged separation | Time out in which physical or social barriers are imposed to prevent contact between the parties involved |

There are six basic levels of time out intervention:
(1) the mental pause
(2) the informal break
(3) the formal truce
(4) the external intervention
(5) the formal authority intervention
(6) the prolonged separation intervention.

They are presented here hierarchically, from those that require the most internal control to those that impose control when internal control is unavailable.

## Level 1—The Mental Pause

The most highly developed form of time out is the mental pause, a strategy that involves mentally pausing in order to regain control. This is often achieved through the use of relaxation techniques, such as deep breathing, visual imagery, or some form of mental focusing. Active listening is an important second step in this strategy. After mental focus has been regained, it is important to externally re-focus on and clarify what the other person or people involved are trying to communicate and, in turn, to attempt to send as clear communication as possible. Such accurate sending

and receiving of communication will help all concerned gain a more accurate perspective on the problem.

Successful use of this strategy depends on a high level of self control. One's recognition of his or her internal process should provide sufficient impetus to inhibit behavior. Disruption of communication is minimal because those involved remain physically present and only disengage internally long enough to gain or regain perspective.

### Level 2—The Informal Break

A mental pause is not always sufficient to interrupt escalating behavior. When one becomes overstimulated enough that loss of control seems imminent, leaving the environment may be a necessary step to gain or regain perspective. Using an informal break as a time out strategy should be planned in advance so those involved are aware of the cues that identify the need to leave the emotionally volatile environment. These predetermined rationales for leaving should be mutually acceptable to all parties, since just retreating could be construed as hostile, rejecting, or manipulative. When an individual asks for a break, he or she can either honestly disclose the reason (e.g., "I would like some time to think about the situation before continuing the discussion") or give a socially acceptable excuse (e.g., I need some air). Predetermining a rationale increases the likelihood that all involved will accept the separation and not view it as a power play. Further, it may allow participants to "save face," a valid and necessary part of relating.

### Level 3—The Formal Truce

When any of the people involved have escalated beyond the point of taking an informal break and/or refuse to accept the rationale for an informal break, a more powerful intervention—the formal truce—may be necessary. Again, predetermining the procedures for using a formal truce to handle escalating conflict is imperative. If the aggressor continues to escalate, others involved may have to take action to initiate a formal truce. The fact that there is a pre-agreed-upon commitment to these rules not only lends credibility to them but also adds another boundary the aggressor must violate in order to continue to escalate. While only a symbol, these rules nevertheless represent a measure of external control that may be necessary to extinguish aggressive behavior. Because they are predetermined by consensus and can be construed as a contract, the loss of trust and pride

involved in breaking the rules provides an additional incentive to honor them.

## Level 4—External Intervention

When predetermined rules are not sufficient to short circuit aggression, intervention from a predetermined outside person who has been given the authority to enforce pre-established rules may be necessary. The person may be a mutual friend, a trusted relative, a therapist, etc. It should be someone, however, who is respected by all involved. While a parent can shift roles from an involved participant to an authority figure to perform the intervention with an aggressive child, it is far more desirable to have an uninvolved party initiate the intervention, as children may not recognize the distinction when the shift occurs and will feel their boundaries have been violated. The power the third party wields will often provide sufficient supplemental control necessary to inhibit aggression. Here again, rules for summoning an outside party need to be pre-agreed-upon and clearly spelled out.

## Level 5—Formal Authority Intervention

When verbal intervention from a third party is not sufficient to extinguish aggressive behavior, some form of physical intervention, (e.g., physical force, medication, etc.) may be necessary. In this case, the third party needs to be someone, again, predetermined by those involved, with the formal authority to intervene in such a manner. For instance, law enforcement may be summoned to physically restrain or remove the aggressor, or the family doctor or a psychiatrist may be summoned to administer tranquilizing drugs.

## Level 6—Prolonged Separation

While externally imposed controls may extinguish aggression in the moment, there are times when aggression becomes chronic and must be addressed as such. When there is no force sufficient to inhibit chronic aggressive behavior, prolonged separation may be necessary. A predetermined plan of action needs to be formulated so that barriers can be imposed to prevent contact. These barriers are almost always physical (e.g., jail, shelters, relocation away from the home) but very often are social as well (e.g.,

legal separation or divorce). In order to be effective these barriers must be sufficiently powerful that neither party can overcome them.


## ADVANTAGES OF THE HIERARCHICAL MODEL

The advantages of using this hierarchical model for time out intervention are four-fold:

1. The model integrates different strategies into a common "garden-variety" framework. Many of the strategies mentioned in the model, particularly the less intrusive ones, are common-sense ideas. It is likely that those involved have informally used them in the past with varying degrees of success. Helping individuals reconstrue their past attempts as valid, if not always successful intervention strategies can help them develop confidence in their ability to successfully work through difficulties.

2. By beginning with the least disruptive interventions, individuals become educated about behaviors to work toward, even if they do not accomplish this goal immediately. A mental pause takes only minutes and puts no physical distance between those involved. Conversely, an intervention that physically and legally separates individuals can not only take months to work through, it can permanently threaten relationships. More intrusive interventions can also be more costly, both financially and emotionally. Since the control is externally imposed in more intrusive interventions, it is likely that individuals will experience the loss of control as a loss of self-worth, which is counterproductive to both individual and relational growth. Using only a mental pause, on the other hand, fosters a sense of self-empowerment and control as well as a shift in focus to the other individual(s) involved.

3. The framework of the model provides a sense of direction. The hierarchical arrangement not only provides a path toward improvement but also a set of contingencies for dealing with failure. Most people will be able to see the advantage of using less intrusive interventions, particularly if they have experienced the humiliation of having time out externally forced upon them.

4. The hierarchical model offers not only individuals but also clinicians a guideline for increasing the likelihood that time out strategies will work. Most treatment approaches describe a time out intervention. With the hierarchical model a clinician has not only a set of options but also a set of principles for explaining these options to clients. If an intervention fails, the model provides alternative strategies.

# APPLICATION OF THE TIME OUT MODEL

## Introducing the Concept of Time Out in the Therapeutic Setting

People usually enter therapy with the expectation that a clinician can help them reduce their conflict. Thus, they are usually receptive to the idea of time out. Some individuals, however, may have difficulty accepting the concept of time out. They may not be prepared for structure or might see it as an interference in their relationship(s). If they are in denial about the dysfunction in the relationship(s) this might also contribute to a lack of receptiveness to using time out.

One way to foster acceptance of time out strategies is by addressing it in the context of taking risks to foster trust within the relationship(s). There are often degrees of trust and distrust in any relationship, but relationships grow and thrive when people take reasonable risks to increase their sense of trust. As a person takes chances and discovers others to be trustworthy their sense of trust grows. In relation to time out, when individuals understand that it can be used as a tool to help them develop structure and direction, thus reducing risk, trusting can feel much less threatening.

## Enhancing the Effectiveness of Time Out

The greater the understanding that individuals and families have about which time out strategies will be most helpful for them in their present situation, the greater the likelihood that they will achieve success in their efforts. Attempting more than they are ready for can undermine their efforts and extinguish hope that progress is possible. Conversely, experiencing success at a technique they can realistically master can be empowering. Given this, the following are guidelines for strengthening achievement skills at all levels of time out intervention:

1. Learn to recognize patterns of dysfunctional process. When individuals can readily identify attitudinal and behavioral cues that precede escalating behavior they will be better positioned to proactively intervene, either on their own behalf or on the behalf of another who might be escalating or one who might be the victim of aggression. Awareness exercises are a common way to foster this consciousness (Deschner, 1984; Sonkin and Durphy, 1982). Once individuals are more aware of their personal process and its impact on communication patterns, they can begin to interrupt their own dysfunctional cognitions and reconstruct them. Positive self-talk, visual imagery, humor, relaxation exercises, meditation, distraction

techniques (e.g., counting to 10), and physical exercise are some of the tools available to help individuals short-circuit one process and move to another (Beck, 1988; Ellis, 1976; Goldstein and Glick, 1987). Communication techniques, such as active listening, clarifying, reflecting, and summarizing, which are designed to help people more clearly focus on the problem-solving process, are also useful interpersonal alternatives (Beck, 1988; Deschner, 1984; Sonkin and Durphy, 1982).

2. Develop a second nature understanding of behavioral cues that signal that a break is necessary. The primary way to help families increase their effectiveness at using an informal break is to have them develop not only mutually acceptable reasons for taking one, but also an instinctual understanding of the cues that signal escalating behavior. Ellis (1976) developed a list of activities designed to divert attention from the immediate problem, such as going to a movie, reading, cleaning house, playing tennis, visiting friends, etc. which individuals and families can use as a starting point. However, the rationale for taking the break must fit the situation as well as the participants' personal interests. The most direct way to end the discussion is for one person to request time alone to think about the issues. Some individuals have difficulty being this straightforward, however. If this is the case, it may be appropriate for the individual to offer an "excuse" for ending the interaction. Doing this is more effective if the parties involved have contracted to do this in advance. Otherwise, others may construe excuse giving as an unwillingness to communicate and work out differences. If others involved are able to recognize these informal messages and grant the person the respite they request, the time out will work more effectively. It is a useful skill to develop though, and is particularly effective in situations where one person wants to save face and not have to admit to the need for a time out.

3. Practice calling a formal truce. There are several ways people can learn to accomplish calling a truce effectively, but it is important that specific guidelines for how to call a truce be formulated by all those people who might ever be involved and that they go through a dry run if at all possible. Given the disruptive impact of anger and its attendant negative emotions, it is clear that these details are not best negotiated during the heat of conflict. Instead they should be clearly worked through and practiced in advance so they occur automatically when conflict arises (Beck, 1988; Deschner, 1984; Weidman, 1986). Deschner and McNeil (1986) suggest that this form of time out is the most vital part of an anger control program.

Another way to increase the effectiveness of a formal truce is for those involved to avow their commitment to the rules of truce calling, either verbally, or preferably, contractually. When all parties actively participate

in negotiating the rules, they accept more ownership of the process. Most treatment programs make the agreement explicit by writing it out and posting it (Beck, 1988; Deschner, 1984; Mantooth *et al.*, 1987; Weidman, 1986). This further increases their sense of commitment to the contract they have negotiated.

4. Develop a plan of action for calling in an outsider to intervene. Making provisions for an outside intervener is not a popular option since it involves bringing a third party into the privacy of the relationship and revealing "dirty laundry" that most people involved would prefer to keep private. Often just the knowledge of its existence as an option serves as a "safety net" and should not be overlooked. Acknowledging this intervention as an option and structuring a plan for using it increases people's awareness of its intrusiveness which provides incentive to use less intrusive intervention strategies effectively if at all possible. It also provides a back up plan if the formal truce fails. The most effective way to ensure the potential success of an external intervention is for those involved to agree upon a mutually acceptable individual or individuals, invest them with the authority to intervene, and create easy access to the individual(s). The individual(s) needs to be respected by all concerned in the decision-making. Trusted friends or extended family members are often a good choice.

The most commonly used external intervener in anger control programs is a therapist who is seen as helpful, knowledgeable, and objective (Deschner, 1984; Edleson, 1984; Mantooth *et al.*, 1987; Sonkin and Durphy, 1982; Walker, 1979; Weidman, 1986). Here, the individuals and the therapist work together to develop a plan of action for intervention, should the necessity occur, and put it in contract form that everyone signs. The agreement should include a clause about extended intervention strategies should the situation escalate beyond the point where the therapist can help to extinguish aggression. Planning for this decreases the likelihood that it will occur. For instance, recent studies suggest that granting police more authority to arrest aggressive mates in domestic disputes may help curtail future violence (Sherman and Berk, 1984).

5. Plan for the use of force. Though riskier, using force as an intervention option provides an important boundary. Increasing awareness of the negative consequences for aggression is an important way to decrease the likelihood that it will occur.

For example, since abused people do not often feel loving toward their abuser, this can be seen as a natural consequence of the abuse. After some time out training during couples therapy, one threatened wife was able to tell her husband, in the midst of an escalating argument, that she really loved him and wanted to work things out, but was unable to do this when she felt frightened by his threats of violence. This message was so

different from her previous critical attacks that he was able to hear it, re-
alize that it was something he affirmed in therapy, and deescalate. When
a family agrees that physical aggression is an unacceptable form of correc-
tion, it creates social consequences which undermine its legitimacy. Asking
the aggressor to publicly admit responsibility and make restitution for vio-
lating this agreement further reinforces the negative consequences. Public
efforts to change the cultural sanctioning of physical force is another way
to further diminish its social power.

One problem with the aforementioned contingencies for the use of
power is that they are dependent, to some degree, on a measure of effective
cognitive processing, which may be severely limited at times of intense emo-
tion. Thus, restraining forces must be predetermined in order to increase
the effectiveness of this intervention option, should it be needed. Families
can be encouraged to remove dangerous weapons and learn how to use
physical restraint appropriately. For example, a parent must sometimes
place a rebellious child in a time out location, and hospital staff must some-
times use physical restraints on aggressive patients. In taking these actions
they must indicate that their use of force is necessitated by the aggressor's
behavior and will be discontinued as soon as the aggressor regains control.
They must use only enough restraint to safely limit the attack and not
enough to create further provocation. If a family member is not powerful
enough to safely carry out the necessary restraint, then assistance must be
summoned.

## Applying the Concepts to Family Situations

Since the degree of supplemental power needed to effect a time out
is a crucial element of the time out model, it is important to illustrate this
use of power in different types of power relationships. For instance, pro-
cedures for calling time out in an equally matched marriage are different
than they would be in an unequal relationship between family members.
The following are examples of methods of using time out in an equal re-
lationship, a more powerful one-up relationship, and a less powerful one-
down relationship.

### Equal Relationships

Sue and George sought marital therapy after George became physi-
cally violent with Sue. Since the birth of their second child, tension between
them had increased. A disagreement over how to feed their older toddler
became heated and they wound up in a shouting match. George angrily

left, slamming the door behind him. Sue pursued him telling him not to do that again. George retorted that he would do what he wanted to in his house. Sue went back inside to call her parents, but George came in after her, grabbed the phone, and forcefully pushed her away from it. Feeling terrified, Sue gathered up the children and went to her parent's home. Later she called George and asked him to move out, which he reluctantly did. This interaction prompted them to seek therapy where the initial issue was that George wanted to return home and Sue was reluctant to even consider the idea.

After eliciting their perceptions of the events, the therapist helped them reframe their experience by pointing out how they had started to use several forms of time out which might have prevented their conflict if they had known how to execute them more skillfully. When George left the house, he was trying to take an informal break, but by slamming the door he communicated hostile rejection to Sue. Recognizing that they were out of control, Sue attempted to call in an outsider–her parents, but George construed her behavior as an attempt to seek allies against him rather than an attempt at mediation. Since neither had been effective, they regressed to a prolonged separation, the final time out contingency. Viewing their interaction in this way helped them to normalize their experience and to discover potential strengths which helped them feel more hopeful. Reframing also helped them conceptualize the separation as a type of time out rather than a rejection, especially for George. Thus, he felt less pain and was able to look at the experience more objectively.

Presented in this way, both were able to see the benefit of improving their time out skills, and they became committed to learning them. It also helped them address the issue of George returning home. After being helped to understand risk taking and risk reducing skills, George could better see that his demands to return home were heightening Sue's sense of risk. His new knowledge of time out helped him understand how to reduce that risk. Thus, he was able to limit his demands and focus on strengthening his time out skills.

In Sue and George's case, calling a formal truce was their first therapeutic goal since neither knew how to do this effectively. First the couple negotiated a signal for calling a truce, and talked about how each could leave the situation in a way which would not provoke the other. Next, they discussed where each could go during the time out, and how they could end it at the appropriate time. Sue was confident that this might work, but she was still frightened by the memory of George grabbing the phone from her. To allay these fears, they explored the possibility of using an external intervention time out. Because George felt threatened by her parents' involvement, they decided that Sue's brother would be more impartial. Both

made a commitment to use these procedures and set up a time to meet once during the week to discuss a difficult issue and practice using the formal time out.

When they met to discuss their difficult issue, they found that they were able to talk more frankly than they had previously been able to, so they pursued that discussion rather than practicing a formal time out. In the next session they reviewed the procedures again and did a brief role play. They were able to practice using time out during the next week. Because of the improved state of the relationship, Sue felt more secure and agreed to let George return home sooner than the therapist advised. Initially they were able to continue their frank discussions, but several weeks later another heated conflict arose over child care responsibilities. This time George used an informal break, and went out to pick up his gardening tools so he could distance himself from the conflict. Sue recognized it as an informal time out and did not pursue George. The issues were not resolved by the next session, but both reported that they felt better about how they had handled the conflict. They processed the incident in detail with the therapist and were able to see how they succeeded at using time out which motivated them to examine how they could improve their next attempt.

After this experience they were able to manage their conflicts using informal time out strategies and an occasional formal truce. They never had to use a formal authority intervention, but discussing it helped Sue feel safer because she knew she could use it if necessary. It helped George realize that abiding by the formal truce was a better option for him as well.

### One-Up Relationship

The previous example focused on a couple's mutual efforts to develop time out strategies. However, there may be occasions when time out is initiated by only one party. This is not as desirable, but it is necessary at times, particularly between parents and children. The case of Eric and his mother illustrates the use of time out in two different social settings. At the time therapy began, Eric was a 12 year-old living with his divorced mother. His father left them 6 years earlier. Eric, who had always been troubled and withdrawn, became more defiant, and began acting out in the last year. His mother argued with him but was ineffectual in setting limits and often felt helpless to control him. The conflict escalated to the point that Eric ran away from home and was subsequently hospitalized.

Eric continued to be defiant in the hospital, but the staff had definite rules to deal with patients in such a state. His nurse initially tried to en-

courage him to talk about his concerns and see things from a different point of view. She tried to shift his focus away from volatile topics in order to set up a mental pause time out. However, her efforts failed, so she suggested that Eric take a television break and told him they would discuss the issues again after dinner. Eric was defiant, as he was with his mother, and kept challenging the rules. Finally the nurse had to invoke a formal truce time out which had been explained to Eric during his orientation. He refused to go to his room as requested, so the nurse informed him that she had the authority to invoke consequences if he did not comply with her request. When he remained belligerent, she called in other staff to present a "show of force." In terms of the model, this is a way to fortify the impact of the authority in a forced external intervention time out. When this was not sufficient, they physically took Eric to his room which could be locked. When he started to throw objects, they warned him that they would use physical restraints if necessary. Sensing that they would carry through on this threat, he stopped voluntarily and abided by the rules of formal truce time out, although it took some time for him to calm down enough to talk out his problems. Reinforced by a loss of privileges, Eric learned in a few weeks to abide by the time out rules and no longer tested the limits to such an extreme before complying.

Prior to Erick's discharge, the intern assigned to his family met with him and his mother to plan for his return home. One of the things they discussed was using time out. Building upon what had worked in the hospital, they modified the time out plan for home and both Eric and his mother agreed to it. However, shortly after his discharge, Eric's mother called the intern to tell him that Eric refused to comply with a formal truce time out. The intern reviewed the procedures with her and found that she was following them; she simply needed to be more firm in enforcing them. He suggested that she try again using more authority. Soon she called back saying that it still had not worked. Since it was apparent that she was frantic, the intern asked her who could support her. She thought that her brother, who lived nearby, could help, so she was instructed to call him. She did so, and his presence calmed Eric down. In the next therapy session, the therapist reviewed the problem and corrected and reinforced the mother's attempts at using a formal truce time out. This reinforced her sense of authority. The therapist once again spelled out to Eric the consequences for his failure to comply with a time out request and made the procedures for calling in the brother more explicit as well.

Two weeks later, the mother called the therapist, again in a panic because Eric was being belligerent and refusing to comply with the time out mandate. Further, her brother was not available. Sensing that it was important for the mother to be able to maintain the limits she had set, the

therapist suggested that she physically hold him in the time out chair. Given the difference in size and strength, the intern thought this was a feasible option. She did this, and when Eric quit resisting her and agreed to maintain the time out, she stopped restraining him and let him complete the time out in the chair.

At the next session they reviewed the incident. The therapist reinforced what she had done correctly and identified where she still needed to strengthen her skills. They analyzed the interaction using the time out model. The therapist helped Eric explore his feelings about the high cost of physical restraint, and this helped him understand the necessity of making the formal time out work more effectively. The therapist reinforced the mother's right to call the police if she felt she was in danger. Since she had to switch roles and invoke the external intervention time out, they reviewed the consequences of using it. Both Eric and his mother agreed that this was not a good option but it had been necessary that night. Using the model, they explored what would happen if this level failed. The only remaining options were the formal authority time out and the prolonged separation time out, the latter of which, in Eric's case, meant that he would be placed outside the home. Since this was not something Eric wanted, he conformed to the rules. For the most part he complied with formal truces, but he continued to press for control, so they explored this issue using other therapeutic procedures.

In comparing the hospital and home experience it is evident that operating from the level necessary to control aggression was appropriate in both situations. However, the forms of supplemental power were not the same. The hospital staff was more effective in enforcing time out because their rules were explicit and consistently followed which made their formal truce more effective. Moreover, personnel were more experienced in using time out. Because Eric's mother had difficulty setting limits, it was harder for her to carry through with the time out strategies. Recognizing the inevitable consequences of using more intrusive options motivated her to try harder to make the less intrusive ones work.

### One-Down Relationship

The broader social context of time out becomes even more important when a person with less power than another tries to call a time out (e.g., an abused wife whose husband is refusing to participate in treatment). Here again, the different levels of time out can serve as a guideline for contingency planning. For example, Evelyn sought counseling because she was being verbally and physically abused by her husband. Because she came

from a traditional background, she felt guilty about leaving her husband. The therapist introduced her to the concept of time out and helped her use it to reframe her desire to leave as a way to take care of the relationship rather than destroy it.

Evelyn came to see that she was already using time out; her skills just needed strengthening. She had learned to use informal breaks to avoid her husband during tense periods. When he provoked an argument, she had tried in the past to propose a formal truce which he had quickly rejected, so she had learned to try and exhaust his power by agreeing with him. Although this often diffused his verbal abuse, she was left feeling negative about herself which further reinforced his maladaptive views about the problems in the relationship. Through such reframing, she was able to see that she was already using time out strategies to some degree. She only needed to become more skilled at differentiating time out strategies and choosing the most effective one given her circumstances, abilities, and resources. Viewed in this way, Evelyn was able to explore ways to improve time out strategies in her marriage using the levels as guidelines for problem solving.

Because Evelyn's husband was not receptive to using a formal truce, she and her therapist began to explore options for external interventions. Evelyn considered who she could call to intervene and how she could make contact with him/her if necessary. Since she could think of no one, they discussed how she could use the police as either an unforceful or forceful external intervener. Next, she and her therapist made contingency plans in case a prolonged separation became necessary. Though initially reluctant to consider separation, this became more acceptable to Evelyn once she eliminated alternative intervention strategies. She and her therapist explored shelter options and ways of preparing for a speedy exit if it became necessary. Having planned in advance, she felt more confident in her ability to carry through with this strategy. Several months later Evelyn contacted the therapist to tell him that she had followed his advice and gone to a shelter when her husband physically threatened her. She explained her actions to her husband using time out language so he would not view it as a rejection. Consequently, he agreed to enter therapy.

This last case illustrates the usefulness of the time out model in a less-than-ideal situation where a powerful partner is unwilling to cooperate. Options available in these situations are often limited by the lack of resources and social support. However, a level-by-level discussion can increase people's awareness about options they have not previously considered which often motivates them to strengthen their skills so they will be more effective in the future. Many times this involves expanding

their social network to find supportive people and agencies who can provide the supplemental control they lack.

## CONCLUSION

Time out techniques are not new to therapists working with abusive families. The focus of this paper is to integrate these methods into an organized therapeutic model which hierarchically relates the methods to each other and to the dynamics of the family interaction. This model provides six conceptual advantages to therapists and families who use it. First, a therapist can help a family more easily connect their own experience to time out because the model reveals parallels between their attempts to curtail violence and the time out strategies. Second, the model helps people reframe their difficulties more positively as skill deficits rather than character faults. Third, incentives for changing are built into the model since the outcome of higher level interventions results in more self control and less relationship damage than the lower level interventions. Fourth, the alternatives to be considered are easier to remember because they are linked together by understandable principles. Fifth, guidelines for choosing a specific time out strategy are made clear by linking the strategies to the level of supplemental control necessary to inhibit the aggression in the family. Finally, if the initial time out intervention should fail, the model prepares the family for alternative interventions.

Because of these advantages, a therapist using this model can help families more effectively manage the destructive forces which might otherwise pull them apart. While clinical experience points to the usefulness of time out as hypothesized herein, further empirical evaluation is necessary to confirm this claim. The operational definition of the model levels makes this evaluation more feasible. However, the effectiveness of time out intervention does not depend on its conceptual structure alone. Other factors must be considered. The use of this model has revealed that many of the problems with time out are not problems of therapeutic technique but rather problems in the availability of community resources. A family member may be convinced that a formal authority time out would be helpful but not have any idea of who could perform that role because of the family's social isolation and limited economic resources. In helping members obtain this aid therapists often find themselves drawn out of the family system into the larger system of community interaction. Therapists are increasingly concerned about more effective police and court support for abuse interventions, more safe shelters for battered family members, and more social recognition of the inappropriateness of physical force as a

means for resolving family conflicts. By highlighting the importance of these resources at the lower levels of intervention, this time out model also raises questions about ways to increase the effectiveness of controls over aggression in the larger social context.

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