TRI-STATE WEBINAR SERIES

Toilet Training for Children on the Autism Spectrum

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Tri State Webinar Series 2018-2019

Tri-State Autism Spectrum Disorder Webinar Series

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Presenter Information



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Learner Objectives

- 1. Identify importance of toilet training and common barriers for individuals with ASD
- 2. Recognize child readiness, environmental, and visual routines to build success
- 3. Develop an understanding of 3 different types of evidence-based toilet training techniques
- 4. Understand how to teach initiations and enhance generalization success

Why Focus on Toileting in School Settings?

- Social Acceptance
- Independence
- Health



- Consider costs
 - √ Time spent assisting child (8-9 hrs/week)
 - ✓ Energy (on average, 10 min. per change)
 - ✓ Resources (\$480/year supplies)

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Common Barriers for individuals with ASD

- Communication and understanding
 - Range of communication skills: Nonvocal, echolalia, literal interpretations
 - Limited initiations: Often, learners need to be explicitly taught to ask to use the toilet
- Anxiety
 - Fears of bathroom-related stimuli

Common Barriers for individuals with ASD

- Apparent lack of motivation may be masking:
 - Altered perception of social appropriateness
 - Challenges with attention, organization, and sequencing
 - Motor difficulties, inconsistent or absent imitation skills
 - Challenges with managing clothing

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Common Barriers for individuals with ASD

- · Preference for routine
 - Repetitive actions, resistance to change
- Health issues:
 - Constipation or loose stools, urinary tract infections, irregular bowel movements, history of discomfort

Common Barriers for individuals with ASD

- Sensory issues
 - Sensitivities to certain textures or stimuli
 - May not be aware of interoceptive/body cues that let them know bladder or bowels are full and/or if their clothing is soiled or wet
 - Gravitational insecurity

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Signs of Toilet Training Readiness

- Physical Abilities
 - Able to sit up-right for 5 minutes at a time
 - Able to hold urine for at least an hour
 - No contra-indicated medical conditions
 - Helps undress self
- Dryness
 - One to two hours at a time
 - During naps
 - Regular bowel movements

Signs of Toilet Training Readiness

- Mental Readiness and Awareness
 - ✓ Mental age greater than 2 years
 - √Can follow one-step directions
 - ✓Interested in toileting or the bathroom
 - √Shows awareness of being wet
- Note: The steps for readiness are guidelines for the developing child who has no physical limitations.
 Exceptions may exist for those who are physically or cognitively unable to complete the aforementioned steps.

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GET READY, GET SET, GO!!!

Successful toilet training is within their reach!

Toilet Training Overview

Phases of Toilet Training

- 1. Increasing Awareness of Toileting
- 2. Adding Supports (Visual Supports, Reinforcement)
- 3. Defining the Problem
 - · Medical vs. Non-Medical Issues
 - Using the Elimination Record
- 4. Introduction to the Toilet
- 5. Choose toilet training technique
- 6. Teaching Initiation
- 7. Independence in Natural Settings

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What do you think?

 What common barriers come to mind when you think of your focus student?

BEFORE YOU GET STARTED

Proper Dress and the Bathroom Environment



Diapers vs. Underwear

- · Learner must be able to feel the wetness
- Underwear or training pants with extra thickness in important areas should be worn <u>next to the skin</u>
- Diapers or plastic protectors can be worn <u>outside</u> of the underwear
- · Change wet or soiled clothing immediately





Extended Diaper Wearing: A Study by Tarbox, Williams, & Friman (2004)

Do diapers just capture urinary accidents, or do they also set the stage for their occurrence?

- ■29-year old man with intellectual disability
- ■Prompted to use bathroom every 30 minutes
- He had significantly more accidents while wearing a diaper than when not wearing a diaper
- Toilet use increased during the "no diaper" stage of the study
- Conclusion: "Wet diapers often provide a rationale for their own continued use."

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Proper Dress

- Choose clothing that is easy to remove for the learner
- Avoid choosing clothes that are distracting or based only on attractiveness



GO's

- Elastic or drawstring waistbands
- Loosely fit pants
- Skirts &/or Dresses
- Shorter shirts

NO's

- Zippers/ Snaps
- Tight pants
- Tights
- Overalls Onesies



To Sit Or Stand?

- Does he distinguish between urination and bowel movements?
- Does the child have the ability to make appropriate choices?
- Are there male role-models present to demonstrate standing?
- Does he have the proper coordination, focus, and control needed?
- Do we need to build social awareness in public restrooms? (spacing at urinals, disrobing appropriate amounts, eye gaze, etc.)

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Bathroom Environment

Set them up for success!!

- Place important items within reach of the learner
- Make modifications to help the learner obtain the proper amount of needed items
- Determine whether preventative measures need to be taken to avoid danger
- Ensure that the sink and toilet are easy for the learner to access independently

Bathroom Routine

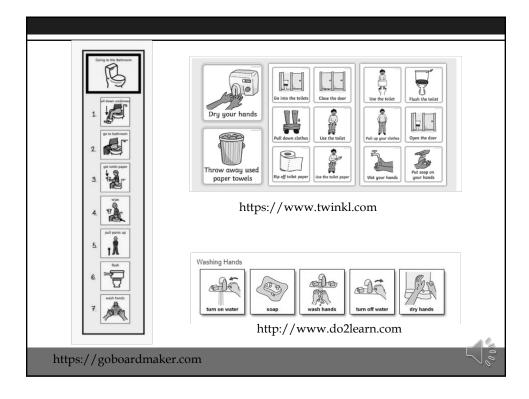
- Predictability is essential
- Have a routine from preparation to completion
- Follow a schedule as determined by the elimination record
- Increase fluids closer to time scheduled for the toileting opportunity

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Steps in Toileting

- Enter the bathroom
- Undress
- Sit on the toilet
- Void bladder/bowels
- · Get toilet paper
- Wipe
- Dispose toilet paper

- Get off toilet
- Pull up clothing
- Flush once
- Wash hands
- Dry hands
- Indicate completion
- Exit the bathroom



Reinforcement

- Actively reinforce the step of the toileting process that is earliest and/or weakest
- Reinforcement is best when it is:
 - Immediate
 - Powerful
 - Not accessible otherwise
- · Pair tangible reinforcers with social praise
- Fade to varied and intermittent reinforcement as spontaneous instances increase and accidents decrease

Working As a Team

- Communicate between home and school
- Promote consistency across environments
- Share observations and techniques
- Avoid blame or anger
- Keep each other informed of dietary or medical changes
- Have a back-up plan



Pre-Teaching

- Pre-Teaching (priming) lets the learner preview a skill before it is to be used
 - Model the actions you wish the learner to imitate in the future
 - Develop stories about the act of toileting
 - Have the learner watch videos about toilet training
 - Video modeling and use of apps
 - Introduce a toileting doll to the learner



Pre-Teaching

- Body state awareness
 - Games with identifying and labeling body parts
 - Labeling actions the adult sees when the child has to void
 - A body signal + an emotion = meaning + action
 - "I see you moving fast; that means you have to go to the bathroom."
 - "I hear you grunting; that means you have to poop."
 - "After you poop, touch your belly...it feels empty."
 - Assign meaning to the feelings child is experiencing



What do you think?

 What is one new idea that will help you set your student up for success?

THE ELIMINATION RECORD

Determining the Optimal Times for Training



Elimination Record

- Use chart to determine elimination patterns
- Keep in bathroom for easy access
- Record urinations and bowel movements for in the toilet and off the toilet
- · Focus on daytime patterns first
- Follow a fixed schedule (every hour) or natural schedule (after nap, meals, etc.)
- · Keep baseline data for up to 2 weeks



Introduction to the Toilet

- Total the number of urinations and BMs for each time to determine the most consistent schedule
- Take the learner to the bathroom 5-15 minutes before each time indicated in the baseline data
- For baseline and training phase:
 - Make the bathroom routine as comfortable and fun as possible
 - May need to teach learner to sit on toilet first
 - Have learner sit on toilet for 3-5 minutes at a time

THREE TECHNIQUES FOR TOILET TRAINING

- Habit Training
- Intensive Toilet Training
- Continence Strategies



Habit Training

- Used to develop continence by regularly accessing the toilet
- Continence is the ability to refrain from wetting or soiling one's clothing
- Use habit training when:
 - First introducing toilet training OR
 - Learner has no awareness of the need to go
 - Mental age is less than 3 years
 - Learner has no awareness of when clothes are wet

Habit Training Tips

- Do not ask the learner if he or she needs to go
 - Saying "no" is not an option at this point
 - Use words, gestures, or picture request icons that the child can adopt in the future
 - I.E. Use a picture of a toilet to prompt the child to request the bathroom rather than telling the child it is time to go.
- Take the learner to the restroom based on the times determined by the elimination record.
- If an accident occurs, follow the schedule as if the accident had not happened.

Results of Habit Training

- Helps prepare individuals for spontaneous access
- Learner may start going into the bathroom before the scheduled time and pair the act with the sensation
- Learner develops regular elimination patterns



Intensive Toilet Training

- Intensive toilet training: Devoting three days almost exclusively to toileting
- Intensive toilet training appropriate when:
 - Schedules do not prevent accidents despite modifications
 - Current strategy does not allow for high enough reinforcement or frequent enough reinforcement to motivate toileting



Intensive Toilet Training

- Intensive toilet training appropriate when:
 - The learner does not voluntarily eliminate
 - The child eliminates immediately after getting off of the toilet or the child has intense negative behavior in the bathroom



Intensive Toilet Training

- Increase liquid intake during these two days
- Have learner sit on the toilet until he or she eliminates into the toilet
- The learner is allowed to get off of the toilet as soon as he or she eliminates



Intensive Toilet Training

- The learner should usually return less than 30 minutes after eliminating, unless the elimination record indicates a longer time
- The goal is to make accidents impossible during these two days
- The learner should have access to preferred items during sittings, but access to more desirable items upon successful elimination



Reinforcement-Based Toilet Training: A Study by Cicero & Pfadt (2002)

- 3 children with autism, ages 4-6
- Remained in school bathroom for school day
- Dressed in limited clothing with free access to liquids throughout morning
- Prompted to use bathroom every 30 minutes and immediately upon detection of an accident
- Sat for 1-3 minutes
- Reinforcement was only given if urination was completed on the toilet (with or without accident).



Reinforcement-Based Toilet Training: Procedure and Results

- After spontaneous requesting occurred once, prompting ceased.
- After multiple spontaneous initiations, fluid intake was returned to normal and full clothing was returned.
- The child was gradually faded out of the bathroom and further into the normal classroom.
- Children took 7-11 days to achieve self-initiation with zero accidents



Intensive Toilet Training:

A Study by LeBlanc et al. (2005)

- · Children with autism, aged 4 years
- · Previous exposure to low intensity training
- Outpatient clinic setting with large bathroom and small therapy room
- · Increased fluids
- Communication training
- Reinforcement given for self-initiations and urination in the toilet



Intensive Toilet Training: A Study by LeBlanc et al. (2005)

- Urine sensor was used to detect accidents
 - Child was taken to bathroom to sit for 1 minute
 - If urination occurred, positive practice was avoided
- Positive Practice:
 - Used if accident was not followed by urination in toilet
 - The learner performed the appropriate behaviors that should occur during or after an accident
 - Remove pants, sit, stand, dress, return to site of accident; repeat four times



Intensive Toilet Training: Sitting Schedule

Level	Schedule On/Off	Advance After:
1	10 min/5 min	Once
2	10 min/10 min	Once
3	5 min/15 min	Once
4	5 min/25 min	Once
5	5 min/35 min	Once
6	5 min/45 min	2 successes on 2 nd day
7	5 min/60 min	2 successes
8	5 min/90 min	80% success for 2 days
9	5 min/ 2 hours	80% success for 2 days
10	5 min/2.5 hours	80% success for 2 days
11	5 min/3 hours	80% success for 2 days
12	5 min/ 4 hours	80% success for 2 days

Sitting schedule

Urine alarm was removed after 100% success for 2 days with at least one self-initiated OR 80% success for 2 days with 40% selfinitiated

Intensive Toilet Training: A Study by LeBlanc et al. (2005)

Outcome:

- All 3 children achieved continence following the scheduled sitting schedule
- Two of three children achieved self-initiation for the majority of toileting events
- For a 3rd participant, parents continued to provide frequent prompts despite recommendations, and initial increases in self-initiation were lost.



Continence Strategies

- Use in combination with habit-training or intensive toilet training techniques to develop control of the bladder and bowel
- Easiest to start with one function first
 - Bladder control is easier to teach because of the many opportunities and ease of manipulating fluid intake



Bladder Control

- Continence means the learner can:
 - Feel full bladder
 - Voluntarily start urination
 - Feel the emptying of bladder
 - Voluntarily stop urination
 - Feel empty bladder
 - Feel wet clothing or bedding

^{*}See handout for "Bladder control Tips & Tricks"



What do you think?

 Think about your student and their current environment. Which toileting technique is a good fit?



INDEPENDENCE AND GENERALIZATION

- Handling accidents
- Teaching initiation
- Toileting in unfamiliar settings



Accidents Happen

- · Accidents may result from changes in:
 - Health, diet, sleep, routine, stress level, and medication
- Reactions to accidents will change markedly depending upon the stage of training
- Avoid scolding the child or making them feel dirty or shamed
- Have the child actively help in the clean-up
- Make the consequences for an accident nonreinforcing



Initiation

- · Fade prompts by using reminders
 - -Verbal reminders to use the bathroom
 - Visual reminders of the reinforcement contingency
- Frequently prompt and reinforce requesting to toilet and running into the bathroom
- Use differential reinforcement of initiated vs. prompted instances
- Increase the amount of time between prompted toileting trips so the child has a chance to experience a full bladder
- Increase the inconvenience of accidents



Toileting in Unfamiliar Settings

- · Be prepared
 - Use bathroom before leaving home



- Locate restrooms at facility
- Take pictures for the next time
- · Make a Toileting Bag
 - Carry familiar items if child is sensory sensitive
 - Don't forget reinforcers!



Handouts for participants

- 1. Visual support examples
- 2. Intensive toileting tips/sequence (Cicero & Pfadt; Foxx & Azrin; summarized by PaTTAN)
- 3. Intensive toileting protocol and schedule criteria w/positive practice (LeBlanc et al.)
- 4. Elimination and Toilet training data sheets
- 5. Trouble shooting handouts
- 6. Bladder tips and tricks
- 7. Nighttime continence

Additional Resources

Autism Speaks "A parents guide to toilet training" https://www.autismspeaks.org/sites/default/files/2018-08/Toilet%20Training%20Guide.pdf

Wet Stop Urine sensor http://wetstop.com/using-wet-stop3-bedwetting-enuresis/

Potty watch https://mypottywatch.com/

See Me Potty app http://www.avakid.com/

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Questions?

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THANK YOU!

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