Toilet Training Children with Autism

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Agenda

- Objectives
- General overview of toileting issues
- Literature review
- Developing a toileting plan
- Implementing plan
- Scenarios
- Questions
Objectives
Objectives

- Identify common toileting problems
- Discuss toileting strategies
- Assess readiness for toilet training
- Develop toileting plan
- Implement a plan
- Make adjustments based on progress
General Overview
Common Toileting Problems

- Urine and/or bowel movement accidents
- Accidents at night
- Success in some settings, not others
- Dependence on others
Prevalence - Children with ASD

Medical Concerns

• Significantly higher rates of gastrointestinal conditions than peers (McElhanon, McCracken, Karpen, & Sharp, 2014)

• Greater risk of incontinence issues and lower urinary tract symptoms (von Gontard, Pirrung, Niemczyk, & Equit, 2015)
Prevalence - Children with ASD

Toileting Accidents

- **Daytime**
  - 25% compared to 4.7% of age-matched peers (mean age: 11.3 and 10.7) (von Gontard et al., 2015)

- **Nighttime**
  - 27.5% (ages 2-16 years) (Williams, Sears, & Allard, 2004)
  - 30% (mean age: 11.7) (von Gontard et al., 2015)
Importance of Toilet Training

- Social
- Hygiene
- Time consuming
- Physical Discomfort/Irritation
- Cost
- Exclusion from social and educational opportunities
Literature Review
Azrin & Foxx (1974) - Toilet Training in Less than a Day

Overview

- Quick method for toilet training (p. 34)
- Incorporates ABA techniques
- Has been used for different ages and skill levels (p. 33)
- Over 2 million copies sold
- Based on Foxx and Azrin (1973) study with 34 children (20 months to over 4-years-old) (p. 33)
Azrin & Foxx (1974) - Toilet Training in Less than a Day

**General Teaching Plan**

- Gather materials (p. 39)
- Use variety of reinforcers for motivation (p. 40)
- Fluids (p. 51, 71)
- Use simple instructions (p. 40)
- Practice walking to chair (p. 40)
- Use doll as model (p. 54)
Azrin & Foxx (1974) - Toilet Training in Less than a Day

General Teaching Plan

• Peer teacher, if available (p. 40)
• Check for dry pants every few minutes (p. 69)
• Take to bathroom every 15 minutes to start, then less frequently (p. 75)
• Prompt earlier if child indicates need to void (p. 79)
• Sitting for 10 minutes at first, then no more than 5 minutes (p. 77)
General Teaching Plan

- Praise and reinforcement for correct toileting behavior (p. 82-87)
- Social disapproval for accidents (p. 98-99)
- Positive practice (p. 99-102)
- Require to change own clothes (p. 103)
Overview

- **Purpose**
  - Evaluate different strategies
  - Increase initiations, increase voids in toilet, decrease toileting accidents
- **Participants**
  - 20 children in school setting
  - 19-39 months
  - 1 child autism
Greer, Neidert, & Dozier (2016)

**General Teaching Plan**

- Dry pants checks
- Prompt to request bathroom
- 3-minute sit or until void
- Praise for being dry, using toilet
- Neutral reaction following toileting accident
**Comparison**
- Underwear vs. pull-up
- Taking to the bathroom frequently (30 minutes vs. 90 minutes)
- Use of preferred items to reinforce dry pants

**Results**
- Using underwear improved toileting progress
- Taking child to bathroom more often or reinforcing dry pants while wearing pull-ups did not improve toileting progress
First Steps
First Steps

Rule out medical concerns before starting plan

- **Potential warning signs**: very frequent urinations, infrequently dry, pain associated with urine voids or bowel movements (Azrin & Foxx, 1974, p. 50)

Determine readiness (Azrin & Foxx, 1974, p. 43-45)

- Age, bladder control, physical readiness
- Interfering behaviors, tolerance for transitions and/or bathroom
- Ability to follow simple instruction

Review strategies already tried with child

- Ask school, caregivers
**Scenario**

George - 4-years-old

1. **Rule out medical concerns before starting plan**
   - No medical concerns

2. **Determine readiness**
   - Transitions cause self-injury and aggression

3. **Review strategies already tried with student**
   - No experience with toilet training

Should you start toileting training? No
Scenario

Erin - 9-years-old

Rule out medical concerns before starting plan
- No medical concerns

Determine readiness
- No interfering behavior

Review strategies already tried with student
- Toileting plan in school has not been effective
- No toileting progress in 6 years

Should you start toileting training? Yes!
Developing a Plan
Considerations

- Setting
- Who will be implementing plan?
- Time/resources
- Schedule
- Communication
- Materials
- Taking Data
Setting
Setting

Considerations

- Toileting accidents may not be tolerated
- Other priorities such as academic work

Effect on plan

- May have to start in one setting, and then generalize to others
- **Example:** First during school, then once progress made, try at home
Who Will be Implementing Plan?
Who will be implementing plan?

**Ideal to get everyone on board**
- Depends on availability/limitations
- Depends on willingness to participate

**Effect on plan**
- May have to start with only one person implementing, then include others when progress is made
- **Example**: First with ABA therapist, then once progress made, parents can try
Schedule
Schedule

Bathroom trip schedule based on how often child voids

- Record approximately how often child voids in toilet/has accident
- Take to bathroom more often than average time between voids/accidents

Length of sitting on the toilet

- Depends on child
- Often 30 seconds-5 minute, or until void occurs
Schedule

More often after fluids
- More likely they will need to void sooner

Change schedule based on progress
- If accidents still occurring, take more often
- If accidents not occurring, take less often

Effect on plan
- Change how often bathroom trips occur
- May have to change schedule if time is limited
Time/Resources
Time/Resources

**Bathrooms**
- One or multiple
- How many other people will need bathroom?

**People**
- Number of adults available
- Number of other children in care

**Effect on Plan**
- May require you to change the bathroom trip schedule if time/resources limited
Communication
Communication

Prompt to Request

Vocal

Nonvocal

“Bathroom!”
Materials
### Materials

- Toilet/potty chair
- Fluids (e.g., water)
- Timer/clock
- Data sheets
- Potential reinforcers and visuals
- Underwear, pull-ups/diapers
- Change of clothes and wipes
Underwear vs. Pull-ups

- Wearing underwear instead of pull-ups or diapers can improve toileting performance (Greer et al., 2016; Tarbox et al., 2013)
- Underwear only during toilet training sessions and pull-ups/diapers when toilet training is not in place
Underwear Only vs. with Pants

- Easier to tell when accident occurs
- Consider privacy/setting
Toilet/Potty

- Choose between using toilet or potty chair
  - Some potty chairs signal when void occurs (Azrin & Foxx, 1974, p. 52)
- Size of the child
- Availability/resources
Toileting Consideration for Boys

- Sitting vs. standing for boys
  - Size of the child
  - Bowel movements under control
Fluids

- Increase need to go to bathroom during training (Azrin & Foxx, 1974, p. 51, 71-73)

- Make fluids readily available
  - Provide water bottle
  - Ask if thirsty
Timer/Clock

- Keep track of when voids in the toilet or toileting accidents occur
- Reminder for next scheduled dry pants check or bathroom trip
Urine Alarms
Reinforcers

- Use highly preferred items (Azrin & Foxx, 1974, p. 40, 50-51)
- Preference assessments
  - Ask
  - Observe
  - Offer choices
- Preferred items $\rightarrow$ reinforcers
Reinforcers - Examples
What to Reinforce?

Remaining Dry

Urine void or BM on toilet

Requesting Bathroom
When to Reinforce?

- **Immediately** after behavior
  - "You’re dry! Good job!"

- **Every time**
Use a Visual

- Visuals can help with motivation
Use a Visual

- Visuals can help with motivation

Pee in the toilet  =  Gum!
Change of Clothing/Wipes

- Extra underwear and clothes available in the bathroom
- Wipes for cleaning up
- Gloves, if necessary
Taking Data
## Taking Data

<table>
<thead>
<tr>
<th>Fluid Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry/Wet</td>
</tr>
<tr>
<td>Time of bathroom trip, accidents, voids in toilet</td>
</tr>
<tr>
<td>Bathroom Initiations</td>
</tr>
<tr>
<td>Behaviors indicating child needs bathroom</td>
</tr>
<tr>
<td>Obtain report from other settings</td>
</tr>
</tbody>
</table>
Sample Data Sheet

<table>
<thead>
<tr>
<th>Time</th>
<th>Underwear</th>
<th>Request</th>
<th>Accident</th>
<th>Void in Toilet</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes or No</td>
<td>Yes or No</td>
<td>Yes or No</td>
<td>Yes or No</td>
<td></td>
</tr>
</tbody>
</table>

Client: __________________________  Session Duration: _____ hours

Programming Information:        Bathroom Schedule: __________  Reinforcer for void in toilet: __________
Sample Data Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Time (AM or PM)</th>
<th>Pull-up, Underwear, or Toilet</th>
<th>Additional Notes</th>
</tr>
</thead>
</table>

Implementing Plan
Beginning Training

- Write out toileting plan and make it easily accessible
- Train everyone who will be implementing it
- Collect all materials
Start of Session

- Gather materials
- Set up data sheet
- Change child into underwear
- Start timer
During Session

- Make fluids available
- Follow dry pants check and bathroom trip schedule
- Prompt and reinforce request
- Reinforce dry pants and voids in the toilet
- If accident occurs, neutrally say, “wet” and then clean up the accident
End of Session

- Change into pull-up, if needed
- Summarize and graph data
- Fill out toileting log
**Sum and Graph Data**

- Sum (add up) # of voids, toilet accidents, initiations
- Divide each # by total number of bathroom trips
- Multiple by 100 to get %

\[
\frac{6 \text{ Voids}}{6 \text{ Bathroom Trips}} \times 100 = 100\% \text{ trips with voids}
\]
Sum and Graph Data

- Sum (add up) # of voids, toilet accidents, initiations
- Divide each # by total number of bathroom trips
- Multiple by 100 to get %

\[
\frac{2 \text{ Accidents}}{8 \text{ Bathroom Trips}} \times 100 = 25\% \text{ trips with accidents}
\]
Graph - Hypothetical Data
Ongoing Evaluation of Progress

- Look at data regularly
- Make changes based on whether:

  - Progress made
  - Progress not made
Ongoing Evaluation of Progress

**Progress made**
- Take to bathroom less often
- Try the plan without reinforcers

**Progress not made**
- Take to bathroom more often
- Reassess/change reinforcer
Graph - Hypothetical Data
Scenarios
Scenario - Ana

- Wearing pull-ups all day
- Drinks juice at lunch time only
- No progress made per caregiver report
Scenario - Ana

- Wearing pull-ups all day
  - Use underwear during training

- Drinks juice at lunch time only
  - Make fluids accessible through day

- No progress made per caregiver report
  - Take and graph data
  - Reassess schedule and reinforcers
Scenario - Natasha

- Voids in toilet and stays dry
- Never initiates going to the bathroom
- Does not vocally communicate
Scenario - Natasha

**Voids in toilet and stays dry**
- No change needed

**Never initiates going to the bathroom**
- Observe for behaviors showing that she needs to void
  - Prompt request for bathroom

**Does not vocally communicate**
- Teach sign for bathroom
- Teach to hand over bathroom picture
Scenario - Jordan

- Progress in school, not at home

- Data not collected
Scenario - Jordan

Progress in school, not at home

• Compare strategies in school and home
  • Bathroom schedule
  • Underwear/pull-up
  • Reinforcers
  • Fluids available

• Make adjustments to home plan

Data not collected

• Create toileting log for school and home
• Share log each day
Questions?


