

Guidelines for Potty Training program

Modified by Jennifer Shade from

Toilet training persons with developmental disabilities By Foxx and Azrin

1. When beginning the potty training program, be sure that the child is wearing regular underpants. Diapers or pull-ups may only be worn each night, and put on the child immediately before going to bed, while the child is sleeping, but should be replaced with underpants when they are awake. When the child awakes immediately prompt them to use the toilet and change them back into underpants.
2. **Bladder Training:** Keep the child's bladder full most of the day by giving the child as much fluid as they can drink. Do not give the child salty foods in order to create an MO to drink. Salty foods will cause the child to retain water. Providing a consistent amount of fluid, 4-8 oz every 30 minutes should be sufficient.
3. **Bladder Training:** Take the child to the bathroom every 30 minutes. All children should sit on the potty for 20 minutes.
 - a. If the child **does not void**, instruct them to put their clothing back on using minimal prompts, gesture prompts and faded physical prompts only as needed, and allow them to leave the bathroom. Boys should also be sitting on the toilet.
 - b. If the **child voids** during this time, provide tangible reinforcement (ex. food, toy, etc) and praise immediately while the child is sitting on the toilet. During the bladder training you will continue to have them sit the duration of the 20 mins even though they may void almost immediate and you feel their bladder is empty. After 20 mins has passed, prompt the child as little as possible to pull their clothing back on and allow them to leave the bathroom.
 - c. **NOTE:** It is important to establish this pattern of sitting for 20 minutes. Consistency in this procedure will benefit not only this part of the training but also later training of bowels. As the child develops the ability to control their bladder, they often void off and on throughout the 20 minutes. This is a result of the correlation between voiding and accessing reinforcement. This is an indication the child is learning the internal sensation of having to go to the bathroom, how to withhold and expel, and relationship between their behavior, voiding on the toilet, and receiving reinforcement.
4. **Bladder Training:**
 - a. Every 5 minutes, check the child to see if they are dry. Put the child's hand on their pants so they can check themselves. Say something like "Yeah, (child's name) you have dry pants" and provide reinforcement and praise. Using a consumable is best for dry checks.
 - b. If the child is **not** dry during "dry checks", be sure they touch the wet pants and tell them where they are supposed to urinate. Say something like "(Child's name) is wet we pee on the toilet". Then immediately prompt the child to walk to the bathroom. This is the beginning of the **Positive Practice procedure(PP)**. The positive practice procedure is

an overcorrection procedure that will discourage the child from engaging in Prompt them to sit on the potty, and then prompt them to stand and pull their wet pants back up (use the minimal amount of prompts required). Immediately return to the spot they urinated in and follow the routine again. Repeat this **Positive Practice Procedure** five times or until you see indication that this procedure is NOT fun for the child. Some strategies to try if the child does not seem bothered by the procedure are: increase the speed-walk at a brisk pace and hold their hand so they are trying to keep up with you, repeat just pulling the pants up and down and sitting several times, repeat the part of the procedure that they seem to dislike the most and end with one final run through of the whole procedure. Use full prompting if necessary provide only 1 verbal prompt for each step then provide hand over hand assistance to keep the pace of the procedure quick. After the fifth practice, or so, change the child into dry clothing and have the child clean the spot where the accident occurred. Do not provide a lot of verbal or visual attention at this time.

5. Typically, children will have many potty accidents when you first begin this procedure. Do not get discouraged. Continue to implement the positive practice procedure. From experience with other students the number of accidents on Day 2 of the procedure have reduced from 50-75% from the number of accidents on Day 1.
6. The first time the child self-initiates, stop scheduling the child for potty time. A self-initiation is the child walking into the bathroom independently towards the toilet and voiding, however it can include them walking into the bathroom independently and an adult gesturing to the toilet. At this point you will not schedule them again. If you continue to schedule the child they will become dependent on the schedule and not initiate.
7. **Self-Initiation Training:** Be sure to continue to fill the child's bladder with fluids. Initially, more accidents will begin to occur. Use the positive practice procedure when this happens. The accidents should cease within a short period of time. Usually the child will then begin to initiate frequently. If the child self initiates one time and never initiates again (over the next two weeks), start scheduling them again.
8. **Self-Initiation Training:** When the child initiates and voids on the toilet provide a lot of praise and reinforcement. At this point you should wait for the child to get off of the toilet on his own, or after a period of time after voiding you may provide a minimal prompt to stand up and complete the toileting routine. If the child initiates but does not void, or sits on the toilet and then stands up on his own allow him to stand up and complete the toileting routine. The child will now need to learn that the behavior that is being reinforced is initiating AND voiding on the toilet. During this process you may see an increase in accidents, continue the positive practice procedure and maintain access to reinforcers only in the bathroom.
9. A requesting repertoire is not a pre-requisite for this procedure. You should not be requiring the child to mand for potty during training (do not prompt them to ask for the potty).
10. After the child has demonstrated a clear connection between initiating and voiding (10-20 self-initiations) and is no longer having voiding accidents you may begin teaching them to request going to the toilet. Continue allowing them access to the bathroom but try to stop them at the

door and prompt them to say/sign toilet. Throughout the procedure you can pair the word/sign but do not require the child to request to use the bathroom.

11. **Foxx and Azir's recommendation for teaching to mand:** *Do not teach the child to mand until self-initiation is strong. Once the child is self-initiating for period of one month with no accidents, you may then teach them to mand for the potty by stopping them when they are walking to the toilet, temporarily blocking access to the toilet, and prompting them to mand for the potty.*
12. When you are ready to try to take them to the store or other public places use the following procedure: Fill the child's bladder before you leave so that they should need to go as soon as you get there. Find the restroom as soon as you get to the store. Walk in with the child but say nothing. Walk to the stall and show them the toilet. See if they will initiate. If they do not, try using minimal prompts.
13. **Bowel Training:** accidents of this type will continue to occur after the voiding is under control. Resist the temptation to put the child back in diapers. Use the positive practice procedure for BM accidents, however, you may first change the child then run the practice procedure.
14. **Bowel Training:** If the child has a fairly regular bowel schedule you may want to try to schedule them and have them sit on the toilet for 20 minutes during that time. You may always prompt the child to the toilet if there are any other signs that the child may need to have a BM (ie. Runs and hides, squats, odor, etc). The training for the bowels will take much longer than the bladder training. One reason may be there are fewer ways to contrive this behavior and a lot fewer opportunities to reinforce. Consistency with the Positive practice procedure, sitting for 20 mins, and scheduling/prompt when child indicates a need will help to develop and promote bowel control.
15. Once the child is voiding and having BM's in the potty, it is then time to teach the boys to stand while urinating.