

# ***Toilet Training Students with Autism and other Disabilities in Schools***

August 5, 2014

Penn State National Autism  
Conference

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# PaTTAN's Mission

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The mission of the Pennsylvania Training and Technical Assistance Network (PaTTAN) is to support the efforts and initiatives of the Bureau of Special Education, and to build the capacity of local educational agencies to serve students who receive special education services.

# PDE's Commitment to Least Restrictive Environment (LRE)

Our goal for each child is to ensure Individualized Education Program (IEP) teams begin with the general education setting with the use of Supplementary Aids and Services before considering a more restrictive environment.

# Overview

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- Development of the protocol
- Our role
- Preparing for toilet training
- Phases of toilet training
- Data Collection
- Bowel training
- Student Outcomes

# Who developed the protocol?

- Toilet training in less than a day by Richard Foxx, Ph.D., and Nathan Azrin, Ph.D., 1974
- Azrin, N. H. and Foxx, R. M. “A Rapid Method of Toilet Training the Institutionalized Retarded”, *Journal of Applied Behavior Analysis*, 1971, 4, 88-99.

# Why pursue toilet training in schools?

- Improve quality of life
- Promote dignity of the individual
- Increase the amount of instructional time in the classroom
- Provide support to families through the use of a highly successful and effective protocol

# Why pursue toilet training in schools?

- Lack of toilet training is the most common reason, along with problem behavior, for children to be excluded from regular education
- Increase access to transitional programs-work, adult day programs, living environments

What are the prerequisite skills a child needs prior to starting the toilet training protocol?



# 3 Things to Consider Before Training

1. Does the child show any signs of bladder control?
2. Does the child demonstrate sufficient physical readiness?
3. Does the child demonstrate some understanding and willingness to cooperate with directions?

(Azrin & Foxx, 1974)

# Why do children with disabilities struggle with toilet training?

- Developmental milestones at different stages in their life
- Other health concerns: nutrition, diet, gastrointestinal disorders, etc.
- Behavioral challenges
- Communication delay
- Academic delay
- The process of potty training is difficult for both the child and caregivers
- Lack of consistency during the training process

# Who are the key stake holders?

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- School
  - Teacher
  - Classroom Support Staff
  - Principal/LEA
  - Behavior Specialist or Special Education Consultant
  - Therapists-OT, PT, SLP

# Who are the key stakeholders?

- Home
  - Parents/Caregivers
  - Wrap-around/In-home Behavioral Support Specialists-TSS, BSC, Mobile Therapist
  - Friends and family
  - Doctor

# How to get the process started?

- IEP Team meeting
  - Review the protocol with all stakeholders
  - Revise IEP under “Specially Designed Instruction” to account for the training protocol
  - Establish a start date for implementation and a second follow up meeting for 2 weeks after implementation to review progress

# How does this affect the child's daily instructional schedule?

- Instruction, related services-OT, PT, SLP, other therapies, specials-music, art, library, PE, inclusion activities, lunch in the cafeteria, and recess may be suspended for 2 weeks
- However, it is possible for all of these activities to be worked back into the child schedule starting between days 3 and 5 of the training

# Things to Prepare for Toilet Training

## For School:

1. 10-12 pairs of pants (jeans or khakis are preferred), shirts, underwear, and socks
2. 1-2 pairs of extra shoes (can be Crocs, flip flops, sandals-something old or washable is preferred)
3. Plastic trash bags (if you have some available)
4. Drinks your child prefers (juice boxes, water, etc.) and preferred cup for drinking
5. Reinforcers

## At Home:

1. Determine the place your child will remain during times of drinking (arrange/rearrange furniture to help control the area)
2. Prepare the bathroom and areas where your child will be by protecting furniture and or carpeting with sheets, towels, drop clothes, etc.
3. Determine which bathroom you will use (this should be the most accessible or familiar bathroom to the child if possible)
4. Gather reinforcers and place in a visible yet inaccessible place in the bathroom (ie. Put the items in a clear storage container with a snap on lid. Set designated bathroom reinforcers aside the night before implementing the protocol)
5. Plan and prepare meals ahead of time, if possible
6. Establish a schedule of who will be implementing the procedure and who will be recording the data
7. Get a timer (if you don't have one but will be using your kitchen area use the timer on your microwave or oven, but you will need a watch or timer for in the bathroom)
8. **Mentally prepare yourself!!** This will be challenging for you and your child both physically and emotionally. Remind yourself there is hope for drastic changes in a short period of time and you will be giving your child an unbelievable gift that they will have forever and that will improve their quality of life and your family life tremendously.

**Both YOU and YOUR CHILD CAN DO THIS!!**

# Things to remember when choosing a reinforcer

- Choose a tangible reinforcer (ex. food, toys, books, musical instruments)
- Choose something high in value to the child; something they “can’t live without”
- The item(s) must remain in the bathroom out of the child’s reach but insight at ALL times, it’s ok to let the child know you are putting the item in the bathroom and watch you do it
- **REMEMBER:** The child **may not** have access to the “bathroom reinforcer(s)” at any other time or place or for any other reason than voiding/BM in the toilet



# Phases of Toilet Training

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1. Bladder Control Training
2. Self-Initiation Training
3. Bowel Training

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# Bladder Control Training

# Phase 1: Bladder Training

1. Child must wear regular underpants, diapers/pull-ups may only be worn over night
  2. Keep the child's bladder full with fluids-provide 4-8 ounces of fluids every 30 minutes
  3. Take the child to the bathroom every 30 minutes and require the child to sit on the toilet for 20 minutes
- \*\*\*NOTE: boys should also be sitting during the training, teaching the boys to stand will occur later

# Phase 1: Bladder Training Cont.

1. Child does **not** void-using minimal prompts and gestures instruct the child to get dressed and complete the toileting routine
2. Child does void-immediately provide tangible reinforcement (ex. food, toys, etc.) and verbal praise while the child is still sitting on the toilet
3. Note: establishing a pattern of sitting for 20 minutes will be extremely beneficial

# Phase 1: Bladder Training Cont.

- Dry checks-inspect the child for remaining dry every 5 minutes
  - If the child is dry-immediately provide tangible and verbal reinforcement (edibles are usually best since they are consumable, thus the child doesn't have to give up or give back the reinforcer)
  - If the child is wet-immediately start the Positive Practice Procedure. Note: be observant of the child and immediately begin the positive practice procedure when the child becomes wet

# Bladder Training Data Collection



Start exactly on the half-hour  
 Check under the appropriate item when completed.  
 Repeat the following steps every half-hour until self initiation occurs.

	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30
1. Gave as much fluid as child would drink while seated in his chair. (note the number of cups of fluid consumed).			4oz	8oz	8oz	2oz				6oz	4oz							2oz
a. Waited about 1 minute.			✓	✓	✓	✓	✓			✓	✓							✓
2. Directed child to toilet using the minimal possible prompts.		✓	✓	✓	✓	✓	✓			✓	✓							✓
3. Directed child to pull his pants down using minimal possible prompts.		✓	✓	✓	✓	✓	✓			✓	✓				✓			✓
4. If child voided:																		
a. Gave edibles and praise while he was seated. Then directed him to stand.		✓	✓	✓	✓	✓	✓			✓	✓				✓			✓
b. Directed child to flush toilet using the minimal possible prompt.		✓	✓	✓	✓	✓				✓	✓				✓			✓
c. Note each time of voiding.		✓	✓	✓	✓	✓				✓	✓				✓			✓
5. If child did not void within 20 minutes of drinking the fluids, directed him to stand.			✓	✓	✓	✓				✓	✓				✓			✓
6. Directed child to pull up his pants using the minimal possible prompt.		✓	✓	✓	✓	✓				✓	✓				✓			✓
7. Inspected child for dry pants 5 minutes after leaving potty and every 5 minutes thereafter, gave edible and praise if pants were dry.								✓	✓				✓	✓				✓
8. If accident occurred:									✓				✓					✓
a. Implemented positive practice procedure 5 times. Note time of occurrence.									✓				✓					✓

When self-initiation occurs, start the self-initiation procedure immediately and discontinue the schedule above.

When self-initiation occurs, start the self-initiation procedure immediately and discontinue the schedule above.

Give exact time of self-initiation: \_\_\_\_\_

- 9:10am - Small UR (bear)
- 9:14am - Small UR stream
- 9:19am - small UR (radio)
- 9:26am - Small UR stream
- 9:42am - Small UR (piano)
- 9:43am - Small UR stream
- 9:45am - Small UR
- 9:47am - Small UR

- 9:49am - Small UR (piano)
- 9:50am - Small UR
- 9:52am - Small UR
- 9:53am - Small UR
- 10:07am - Small UR (pretz + piano)
- 10:09am - small UR
- 10:11am - Small UR
- 10:13am - Small UR
- 10:27am - small UR (piano)

- 10:40 immediate UR on toilet (piano)
- 10:42 UR (piano)
- 10:47 UR (radio)
- 10:51 UR
- 10:55 UR (piano)
- 11:13 long UR on toilet immediately after sitting down (piano)



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What do you do when the child  
has an accident?

**POSITIVE PRACTICE**

# What is Positive Practice

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- Over correction procedure
- Provides practice of desired behaviors
- Decreases the future probability of undesired behaviors reoccurring

# Positive Practice Procedure

1. Hand over hand have the child touch his/her wet clothes and say “Johnny is wet we pee in the potty”
2. Walk the child from the spot of the accident to the bathroom
3. Have the child with minimal verbal and physical prompts pull his pants down and sit on the toilet BUT do not change him
4. Have him stand back up and pull up his wet clothes and walk back to where the accident occurred
5. Repeat this process 5-10 times or until the

# “What if...?”

- “The child becomes frustrated/upset/angry the first time?”—repeat the procedure at least 5 times. If the child knows acting a certain way will stop the procedure it is not having the desired affect to have the procedure prevent wetting his/her pants.

# “What if...?”

- “...my child is physically aggressive or flops to the ground?”—you may need more than one person to help escort the child during the walking process or other steps; if you are alone, be persistent, insistent, and firm in requiring the child to do as you are asking.

# “What if...?”

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- “...my child says “no more”?”—run the steps one more time, you don’t want the child to have control over when this procedure stops.

# “What if...?”

- “..my child doesn’t seem to be bothered by the positive practice.”—
  - increase the pace of the procedure, walk at a brisk pace
  - provide hand over hand assistance to maintain the pace
  - repeat the part of the procedure they seem to dislike the most; ex. pull the pants up and down several times in a row or sit and stand several times in a row.

# “What if...?”

- “..my child doesn’t seem to be bothered by the positive practice.”—
  - Add a step to the procedure, maybe have the child assist in washing out their clothes
  - Have the child stand/sit on a small chair or stool in the bathroom
  - Repeat walking back and forth several times
  - Make the steps unpredictable, do the same steps but in a different order



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**BE CONSISTENT AND STICK  
WITH IT!**

# Accidents

- There are often MANY accidents within the first three days.
- Don't be alarmed by the # of accidents
- In my experience:
  - accidents reduced by 50-75% from Day 1 to Day 2 of the training
  - 1 child had no voiding accidents throughout the procedure
  - 1 child had no accidents after the second day of training

# What's next?

- Continue with the procedures of bladder training until the child *self-initiates*
- A Self-Initiation looks like:
  - The child walks into the bathroom on his own *and* voids on the toilet
  - The child walk into the bathroom on his own, an adult gestures minimally to the toilet, *and* the child voids on the toilet
  - The child walks into the bathroom on his own, an adult assists with fasteners, *and* the child voids on the toilet

# Phase 2: Self Initiation

- Once a self-initiation occurs do not schedule or prompt the child to use the bathroom every 30 minutes
- At this point you will only go back to scheduling if the child does not initiate again within a 2 week time period

# Contriving a Self-Initiation

- Eliminate access to other reinforcers
- Do “walk by’s”
- Increase time between dry checks
- Don’t allow the child to void following positive practice
- Increase motivation by adding reinforcers to the bathroom and allow the child to see you do so

# Self Initiation Training Cont.

- Continue to provide the child with fluids on a regular basis (4-8 oz. every 30-45 mins)
- Provide lots of reinforcement for the first few initiations (10 is a good rule of thumb)
- Limit access to other reinforcers outside of the bathroom, until initiating is strong

# Self Initiation Training Cont.

- Accidents will most likely increase once you have stopped the schedule, continue to use the Positive Practice Procedure and accidents should diminish
- After approx 10 self-initiations begin fading fluids, dry checks, and reinforcement

# Self Initiation Data Collection







Check under the appropriate item when completed	1	2	3	4	5	6	7	8	9
1. Time self initiation occurred.	10:06	10:54				3:06			4:49
2. If Student had trouble lowering his pants, gave minimal prompt.	✓	✓				✓			✓
3. If Student voided, gave edible and praise while seated, then allowed him to get up on his own, and gave minimal prompt to flush toilet.	✓	✓	Give no edible/reinforcer		Give no edible/reinforcer	Give no edible/reinforcer		Give no edible/reinforcer	✓
4. If Student did not void, allowed him to get up on his own.	—	—				—	—		—
5. If Student had trouble raising his pants, gave minimal prompts.	✓	✓				✓			✓
6. Gave Student fluids.	8oz	6oz 4oz	8oz	—	4oz	Give no fluids	4oz	6oz	Give no fluids 4oz
7. Inspected Student for dry pants at the appropriate time intervals; gave edibles and praise if pants were dry.	Every 20 minutes	Every 20 minutes	Every 20 minutes	Every 30 minutes	Every 45 minutes	Every 60 minutes	Every 90 minutes	Every 120 minutes	Every 120 minutes
8. If accident occurred:			Small spot	Soe Beck	Pants Drip		Small spot	Small spot	
a. Implemented positive practice procedure.	—	—	PP5x	Pants caught	PP5x	—	2PP5x	PP5x	—
b. Note exact time of occurrence.	—	—	1:05	2:00	2:45	—	2:38	4:10	—

5min

9:00 UR Long stream (Cardfish)  
 9:04 UR Small " "  
 9:10 Shower  
 9:30 Dry (Bodfish)

10:00 Dry (Cardfish)  
 10:05 Dry " "  
 10:08 Self  
 10:15 off Potty  
 (10:19 Mel Stream)

10:55 Mel Stream (Cardfish)  
 10:59 Drip ( " )  
 11:03 Dribble ( " )  
 11:08 off potty  
 (11:11)

11:55 Dry (Cardfish)  
 12:00 Dry ( " )  
 12:10 " " "  
 12:15 " " "  
 12:30 " " "  
 12:30 " " "

10:12 off potty  
 10:15 Dry (Cardfish)  
 1:25 " "  
 1:30 " "  
 1:35 " "

2:15 Dry (GF)  
 2:20 " "  
 2:25 " "  
 2:30 " "  
 2:40 " "

# Self Initiation Training

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1. Fading fluids/dry checks
2. Differential Reinforcement
3. Fading reinforcement to strengthen initiations

# Self Initiation: Fading Fluids/Dry Checks

- Initially continue providing regular fluids
- Continue frequent dry checks but provide less reinforcement for being dry and more reinforcement for initiating and voiding
- After 10 strong initiations begin systematically fading fluids and dry checks
- A more typical schedule of initiating and voiding will develop

# Self Initiation: Differential Reinforcement

- A more productive void gets more reinforcement than a less productive void
- The amount of reinforcement delivered selects out the target behavior
- Be sure you are providing better reinforcement for the behavior you want to see continue

# Self Initiation: Fading Reinforcement

- Fading Reinforcement or Intermittent Reinforcement strengthens the toileting behavior and increases the future probability of the behavior occurring again
- When success is demonstrated for a period of time, even tangible reinforcers can/should be faded out
- Remember everyone wants positive reinforcement. Don't forget to praise or provide a tangible once in a while

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# **BOWEL TRAINING**



# Preparing for Bowel Training

- Record times of BM's on a calendar or a running log
  - Dates
  - Times
  - Record prior to implementing bladder training and during training
  - 1-2 weeks of data should be sufficient, if possible record for a month

# Preparing for Bowel Training

- Carefully observe and record precursor behaviors
  - Hiding
  - Squatting
  - Withholding
  - Crossing legs
- Discuss any pertinent medical concerns with a doctor (ex. constipation, other chronic conditions)

# Bowel Training

- Resist putting the child back in pull-ups as a result of BM accidents
- Use the Positive Practice procedure for accidents
  - change the dirty clothes on your first trip into the bathroom then run the procedure
  - finish with having the child help clean up the spot of the accident, their clothes, etc.
  - PP should be used for BM accidents during the bladder training sequence

# Bowel Training Schedule

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- If you have completed the bladder training sequence be sure to **ONLY** prompt or schedule times for BM
- The child should continue to initiate to void on their own

# Schedule for Bowel Training

- Prompt child to bathroom
  - Upon waking
  - 15 minutes after eating
  - Times based on patterns from data collection
    - Consider prompting 10-15 minutes prior
    - Require 20 minutes of sitting
      - If successful immediately reinforce
      - If unsuccessful allow the child to get up for 5 minutes then prompt again, repeat for 1-2 times or until successful

# Why is bowel training such a challenge?

Lack the ability to contrive BMs, which in turn provides less opportunities to practice correct procedures and fewer opportunities to reinforce the desired behavior

# Things to know for bowel training

- This can be a lengthy process
- You may need a new/novel reinforcer to use just for BM's in the potty
- If your child has struggled with regular bowel movements get advice from your doctor
- You may need to shape behavior-sitting, PP, if you have not run the rest of the protocol with the child already

# Things to know for bowel training

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- CONSISTENTLY implement the PP procedure
- Continue to take data and analyze it
- Persistence and consistency are essential!
- Trust the process and it will work!!



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# **STUDENT DATA**

**PUBLIC SCHOOL SETTING**

# Student Data

- 1 Age 8 (Down Syndrome, Autism)
  - 12 accidents on Day 1
  - 4 accidents on Day 2
  - Completed bladder training in 8 days
  - Currently (2014): completely trained and no longer wearing a pull up to bed

# Student Data

- # 2 Age 11 (Intellectual Disability)
  - 10 accidents on Day 1
  - 1 accident on Day 2
  - Completely dry from day 3 on, also, self-initiated on Day 3
  - Currently (2014) : has intestinal concerns and wears a pull-up at night but has not had any accidents

# Student Data

- #3 Age 7 (Autism)
  - 4 accidents on Day 1
  - 11 accidents on Day 2
  - 3 accidents on Day 3
  - Self Initiation on Day 5
  - Currently (2014): completely trained day and night and no longer wearing a pull-up at night

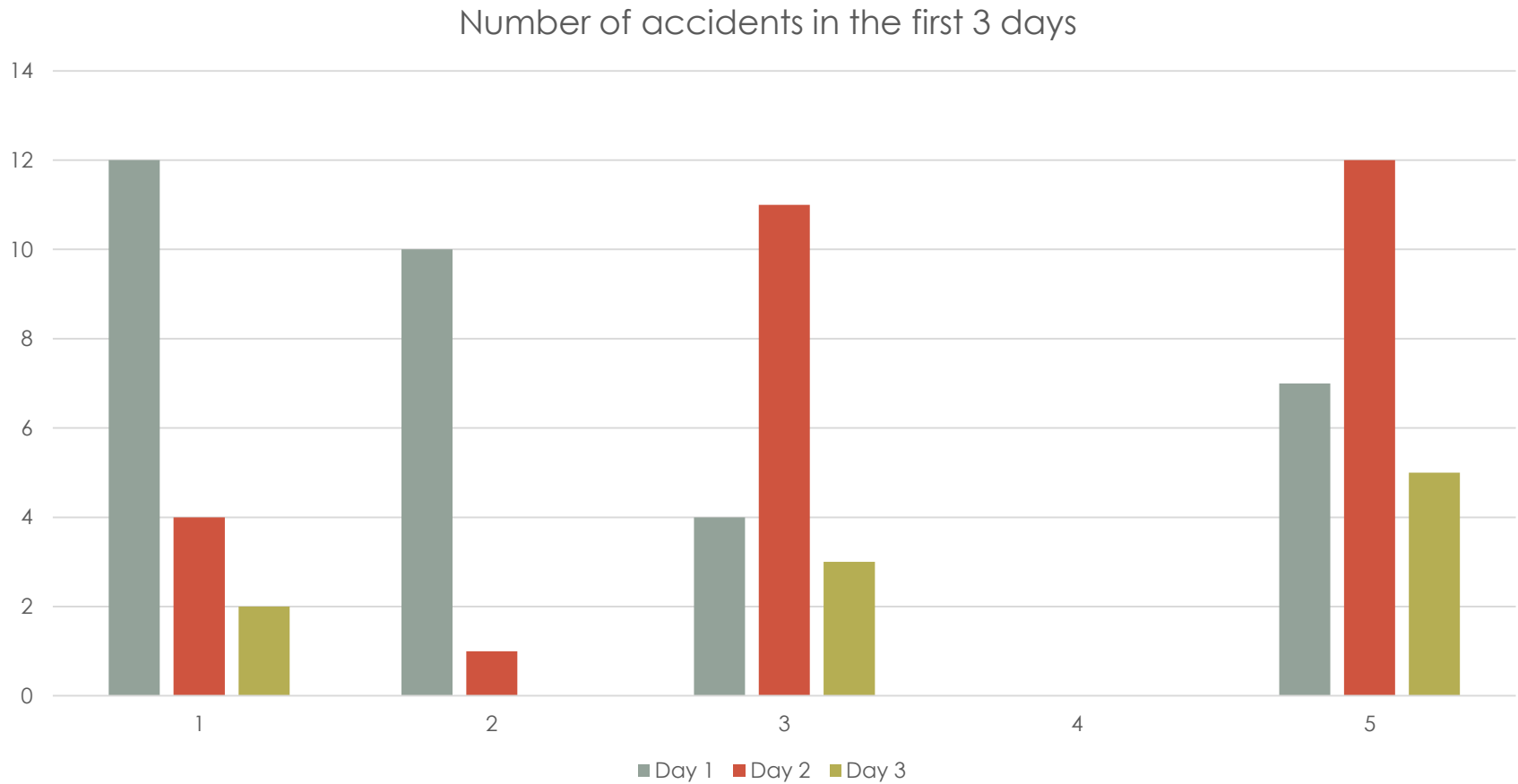
# Student Data

- #4 Age 7 (Autism)
  - 0 voiding accidents
  - Contrived self-initiations
  - Currently (2014): working on bowel training but is independent in initiating and requesting to use the toilet to void

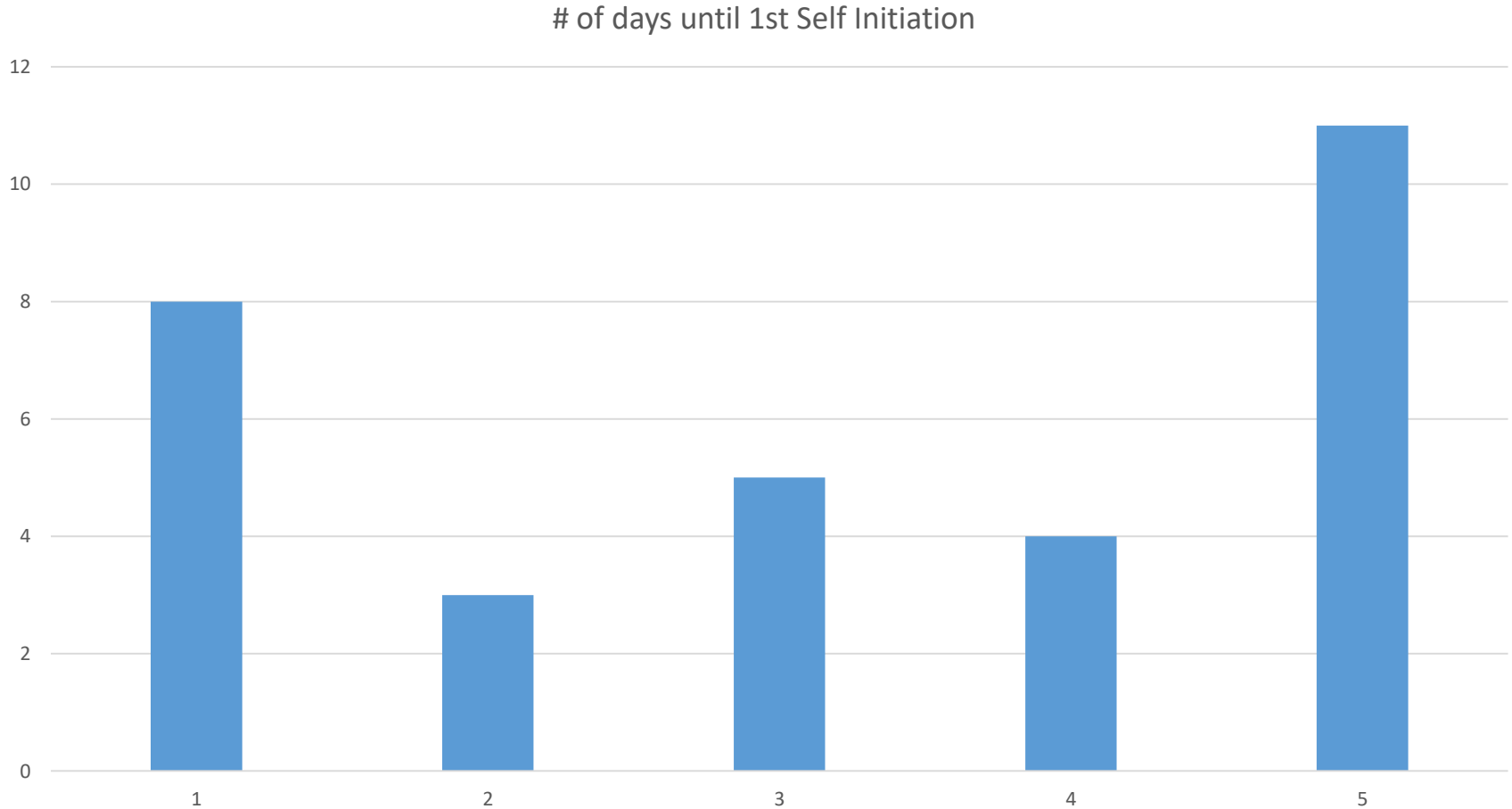
# Student Data

- #5 Age 8 (Down Syndrome, Autism)
  - 7 accidents Day 1
  - 12 accidents Day 2
  - 5 accidents Day 3
  - Self initiation on Day 11 of training
  - Unique home setting
  - Accident calendar
  - BM trained for 2 years, however, challenges with bowels affecting bladder training
  - 2012: parents continuing with training and implementing protocol at home. “our child has made so much progress, this may be moving at a slower pace but still believe this is the protocol moving in the right direction.”
  - 2013: this family had several set backs over the course of the summer and have unfortunately reverted back to pull ups and pursuing the protocol at a different time

# Number of Accidents in the First 3 days



# Days until Self Initiation Occurred





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# **STUDENT DATA**

Alternative Ed Setting

# Student Data: an alternative ed setting

- K-12 intensive behavioral needs placement center
- Staff/student ration 2:1
- High rates of significant problem behavior
- Need for high rates of specially designed instruction to acquire language and other skills
- Goals: return to lesser restrictive environment in public school or adult transition services

# Steps taken

- Pairing and conditioning of staff
- Pairing, conditioning, identifying reinforcement
- Establishing an effective behavior management plan
- Building skills for instructional control
  - “ready hands”
  - Interruption-transition
  - Walk with me
  - Giving up reinforcement

# Differences in training environment

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- Bladder training took place outside of the classroom
- Students were significantly less familiar with the training area

# Student Data

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- Female (Autism)
  - 6 accidents on Day 1
  - 5 accidents on Day 2
  - 0 accidents on Day 3
  - Self Initiation on Day 4

# Student Data: Transition back to classroom

- Female (Autism)
  - Mand (requests) to use bathroom-Day 1
    - Some mand shaping-3 elopements from class to the bathroom
  - 3 days of staff responsible for toilet training working with her
  - Day 4 return to normal schedule in the classroom

# Parent Quotes

“The positive practice is a good tool, but could also be tiring physically and emotionally. It’s a process that must be implemented by the entire family. One thing I learned is that you must be consistent when accidents happen. It’s not always fun and can tug at your emotions but in the long run your child will be all the better having gained that independence. Most importantly is to take the one thing that the child loves and use that solely as the reward for using the potty.”

# Parent Quote

“...I really had to find the right reinforcer...but the routine, and not deviating from it was most important...the beauty of this all is that he has learned that using the toilet has its own benefits and rewards, aside of soda (reinforcer). I truly think he views the independence he has as a reward in itself. My advice to parents is to keep trying, it's worth it. I had tried countless times. I thought I was “toilet training” him because I was taking him to the toilet, read him social stories with pictures, etc. A VB protocol is the only way it is going to happen.”



# Miscellaneous

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- Treatment Fidelity Check Lists
  - Bladder Training
  - Positive Practice
- Annotated Protocol Guidelines
- Questions

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**THANK YOU!**

# Contact Information

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**Commonwealth of Pennsylvania**

Tom Wolf, Governor