

Intensive Toilet Training

Written by: Bobby Newman, Ph.D., B.C.B.A. Bobbi Rogers No program was more likely to elicit swearing behavior from me than toilet training. I feel your pain!

So, let's get this POTTY started with a little humor!





NEWSFLASH!

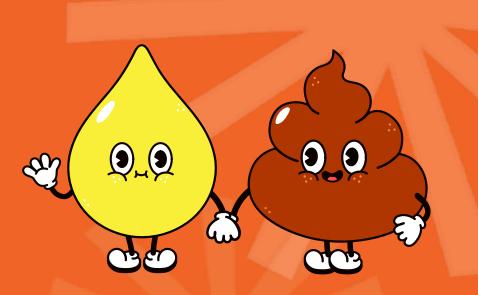






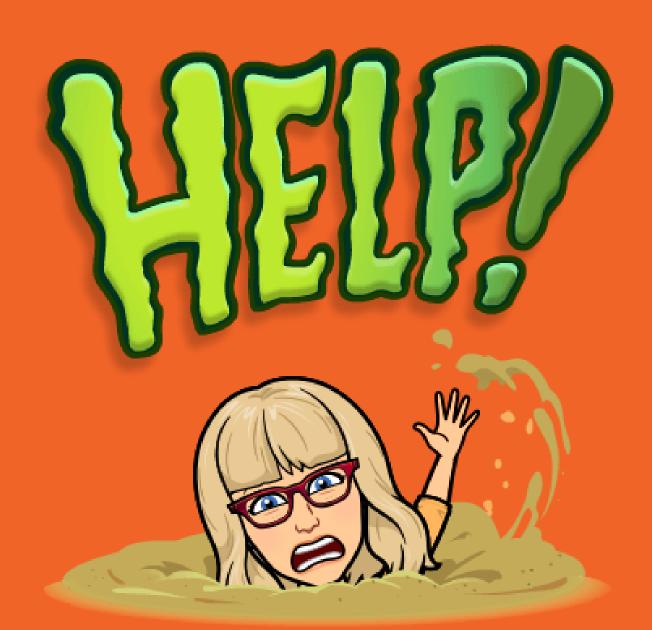
It is just an overall crappy situation.







This was me many times. Can you relate?



Times I knew I needed to send an SOS to my son's BCBA:

- The day I cleaned poop off the ceiling.
- The day I cleaned poop off myself for the fifth time.
- The day I realized I might as well move into the bathroom.
- The day I could smell a little something foul and was unable to find the source for over an hour. That's an hour of my life I can never get back.
- The day I realized that pull ups wouldn't fit my kid much longer.



The question we all want to know: How long does this take?!

Toileting is like any other behavior

- We make it more complex than it needs to be
- It is a basic biological function that we teach someone to perform in a particular way
- Appropriate behavior is reinforced, and then comes under appropriate stimulus control



As with all things.....

- A functional analysis must be conducted so that we understand the nature of any behavioral issues and design plans appropriately.
- In other words, students may not be going in the toilet for a variety of reasons (insufficient muscle control, attention-seeking behavior, rituals or compulsions, etc.)
- Plans must be designed in keeping with the function of the behavior
- Anyone who says differently is selling something



Remember the dead person's test!!!

- Anything a dead person can do is not a behavior and therefore should not be the object of a treatment plan!
- By that, I mean that dead people don't have accidents.
- A treatment plan based on not having accidents therefore fails the dead person test.
- If you want to teach toileting, your object is to teach urination/defecation in the toilet.
- You must not void where prohibited!



Now down to basics...

- Does the student urinate or defecate in the toilet?
- Have they ever done so? If so, when and how consistently?

Toilet Training Daily Log

Urin/T: Urinated on the toilet
BM/T: BM on the toilet
Tried: Sat on toilet. Did not void.
Wet/P: Urinated in pants
BM/P: BM in pants.

Date/Time:	Urin/T	BM/T	Tried	Wet/P	BM/P	Notes

Watch your child in the bathroom complete these steps. Write down what they can do without help, with help, or not at all. This will give you an idea of steps you may want to practice separately before the toilet training process begins.

Step:	Notes:
Go into bathroom	
Turn on lights	
Unbutton/unzipper pants	
Pull pants down to floor	
Pull down underwear	
Sit down on toilet	
Void (urinate/bowel movement)	
Wipe	
Stand up	
Pull up underwear	
Pull up pants	
Zipper or button pants	
Flush toilet	
Turn water on	
Wash hands	
Turn water off	
Dry hands	
Other:	



From your child's perspective:

• Part 1: Feeling comfortable on the toilet. Understanding what to do on the toilet.

• Part 2: Making what happens on the toilet deliberate. It may be on a schedule at first. Correlating the urge to urinate with getting to the toilet unprompted is a lot to learn. Be patient.

We are asking a lot here!





Basic Steps to Success

1

Step 1: Move into your bathroom. Hang around the bathroom and practice going as often as possible.

2

Step 2: Take your child to the bathroom on a schedule

3

Step 3: Gradually increase the interval and teach initiation



Toilet training includes a LOT

- The individual who urinates on the toilet but will not have a bowel movement on the toilet
- The individual who is on a schedule but has not been able to learn how to move from that to unprompted independence
- The individual who is in the very beginning of the process and needs to learn to be comfortable sitting on the toilet

And more.....



Don't start anything without knowing "WTF" (which means "What's The Function," of course!)

- Sometimes we hang around the toilet all day to practice going as often as possible in order to build up stimulus control and eventually to fade to a schedule and develop bladder strength.
- Sometimes it will mean being in the toilet until we break an obsession
- Sometimes we're teaching initiations outside and on a schedule, etc.



If the issue is bladder strength...

- You'll spend your whole day in the bathroom (or as close as possible).
- Move in program books, toys, whatever you need for the day
- Have the student drink as much as possible.
- Have the student wear undergarments that will let you see the split second urination has begun (not ended or is deep in process)!!!!!
- As soon as you see urination begin, move the student towards the toilet. Use verbal/physical/gestural prompts as needed to be quick!
- Have a SUPER SPECIAL reinforcer for successful toileting, a reinforcer that is given only for successful elimination in the toilet.



Data during part 1:

- Keep records of the times the individual has urinated.
- This will allow you to get a good idea when it's time to start schedule training outside the toilet, or when to move the student towards the toilet while you're still in there.





What else should I look for?



- Any characteristic signs that may signal urination is about to begin so that you can begin to anticipate and move the student towards the toilet even before urination begins
- When the student begins to independently move towards the toilet, you can begin transitioning out of the bathroom area.

You did it! Now it's time for a schedule

- You'll take the child to the bathroom on a schedule.
- Slightly under-estimate based on what you collected during the intensive in the toilet period. Remember, you want lots of success.

GET RID OF DIAPERS/PULL UPS!

- These are a bad mixed message
- "We don't expect you to have accidents, but just in case you do...."
- Better to have a bit more laundry and consistent expectations.

As you schedule, begin initiations training

- Every time you take the student to the toilet on the schedule, teach some form of communication in order to make initiations on the part of the student possible.
- This can be verbal, this can be a sign, this can be a PEC, a photograph, etc.
- Prompt the response each time it is time to move to the bathroom



A suggestion:

- Use a timer or something artificial to mark the schedule so as to avoid dependence on another person.
- We'll have the student reset the timer him/herself eventually as we work towards independence and away from their need to be prompted externally.



Gradually lengthen the interval

- As the student is becoming more and more successful, gradually lengthen the interval by a few minutes each time.
- Generally, as the schedule lengthens sufficiently and as initiation training begins, the student will gradually wean him/herself off the schedule and begin to go as needed.

What if it isn't a matter of bladder strength?

- Sometimes it's a ritual that has been created.
- Sometimes it's an attention-seeking behavior.
- Sometimes it's a specific phobia or other idiosyncratic issue (e.g., having trouble with the flushing noise).



We plan accordingly, while trying to minimize distress

- When dealing with a ritual, you will try to break the ritual. Sometimes this means waiting the student out within the bathroom and eliminating other possibilities (e.g., getting rid of the diapers).
- Other times a specific ritual must be addressed (e.g., a student who can only go at home or only in the first stall). Try to teach any coping skills possible.



If it's attention seeking

- We eliminate any attention for accidents.
- Make sure to not have reinforcing changing rituals
- Do not make a big deal out of accidents and try to make changing as matter-of-fact as possible, having the student do as much for him/herself as possible.



If it is a phobia, two main programs:

- Systematic desensitization (e.g., getting student used to sitting, while keeping them nice and relaxed)
- Flooding (e.g., student afraid of toilet backing up, see case study on the next page)



Case Study: A Fear of Flooding

• An otherwise very high-functioning student, formerly diagnosed with autism, began to refuse to use the bathroom to defecate.



The behavior:

- He would defecate in his pants and hide it or throw it in the garbage, but never use the toilet to defecate.
- This was going on at home for some months before they told the school.
- Apparently, the toilet had flooded at one time and now he was afraid to ever use it to defecate.



Treatment

- The student's mother broke this news to me after 3 days of his not going at home, so the timing was perfect.
- I moved into the bathroom with the student and encouraged him to go, assuring him that it would not flood (and praying it wouldn't).



Success, part one

• The student eliminated in the toilet, then tried to spear me to get out of the toilet without flushing, all the while yelling

"IT'S GONNA FLOOD!!!"



Success, part two

- The toilet didn't flood (mercifully).
- We flushed, and several other toilets around the school many times, single-handedly creating a drought situation within New York City
- Desensitization was achieved and later generalized to home.





Bowel training

- Bowel training is like urinary training, but a bit tougher in that there are not as many opportunities to practice.
- The name of the game here is <u>preparation</u>. Take data on roughly how frequently the student goes given a particular eating regimen and then plan to be in the toilet around the time (s)he will usually go.



Beware the vicious cycle!

- Students often hold it in, which then makes the bowel movement painful.
- They then hold it in, for fear of the pain. That makes the bowel movement painful.
- So they hold it in.....
- BOTTOM LINE: TRY TO GET THE STUDENT GOING FREQUENTLY!



And then...

• Follow the same procedures as for urinary training!





Don't forget the details!



- Getting pants up and down
- Fastening
- Washing hands, etc.







Thank you!