



Tools, Tips, and Strategies for Toilet Training Young Children With Autism and Other Developmental Disabilities

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May 4, 2022

Overview

Teaching a young learners with ASD how to use the toilet can be a challenge!

In this workshop, we will systematically review best practice strategies to help children learn this important life skill. Topics will include determining readiness for training, **identifying and overcoming barriers** to effective training, **solving problems that pop up during training**, using positive reinforcement to encourage success, and helping the child to keep the skill over time and in different places. This presentation will include a step-by-step guide and examples of instructional and adaptive supports used in the presenter's clinical practice.

Parent Training for Autism Spectrum Disorder

Improving the Quality of Life for Children and Their Families

Edited by
Cynthia R. Johnson, Eric M. Butter, and Lawrence Scahill

Note About Material

Some of the content in this workshop appears in the following text, first-authored by your presenter:


Mruzek, D. W., Handen, B. L., Aponte, C. A., Smith, T., & Foxx, R. M. (2019). Parent training for toileting. In Johnson, C. R. & Butter, E. (Eds.), *Parent training in autism spectrum disorder: Evidence-based approaches*. Washington, DC: American Psychological Association.

Enuresis...

Repeated voiding of urine into clothes or bedclothes that persists beyond the normative age of maturation of urinary control.

Encopresis...

The inability to control the release of stool.



Additional TT Needs...



Self-initiation



Related skills (e.g.,
unfastening and fastening)



Maintenance and
generalization

Structured TT...

- Scheduled sits
- Clear-cut language/visual symbols
- A little extra water to drink
- Dry pants checks + reward
- Promote relaxation (soothing interaction)
- Powerful reinforcement for success
- Positive practice for accidents

Dunlap, Koegel, & Koegel, 1984; Azrin & Fox, 1974

How important is it that the learner relaxes while on the toilet?

Answer: Critical....Right up There with Having a Full Bladder and Sitting on the Toilet...and This is What is Often Missed in the Troubleshooting....This is a prerequisite skill, and it must be taught.

Caution! Impact of Failed Training Attempts

What happens when we initiate a TT program, the learner does not come in contact with success/reinforcement, and we discontinue the program? Avoid these types of training programs! Consider family/staff readiness as a key part of your assessment.

“Is he or she ready for toilet training?”

(Standard List)

Sits on toilet

Stays dry at least 2 hours

Pulls clothes up and down

Recognizes when wet and dry

Can indicate need to use the toilet

Follows simple instructions

Interested in toilet and/or toileting

Wishes to please caregiver

***Person with a
developmental disability...
“Is he ready
for toilet-
training?”***

Begin with “standard” indicators” ...*But, for older children with autism,*

ID, other types of DD, look for:

developmental level of 2 -3 years

Cooperation with some direct instruction from adults

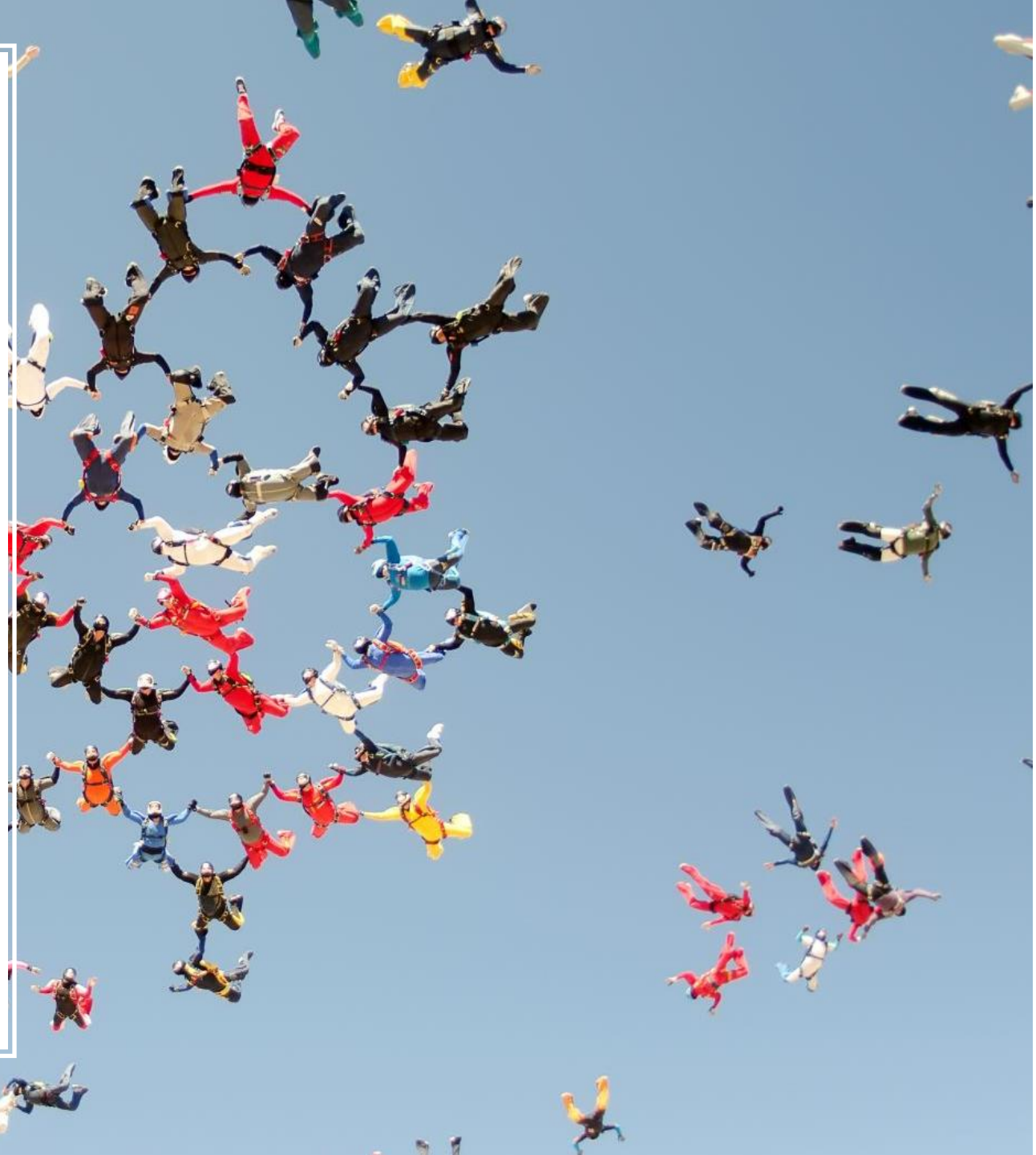
Simple routines for other activities (e.g., snack)

Subtle signs of awareness (“precursor behaviors”)

If no reliable precursor behaviors are established, TT, particularly habit training, may proceed anyway.

Key Considerations:

It is most important that the learner **(a) usually follows simple instructions; (b) can sit calmly on the toilet for at least 2-3 minutes; and (c) is not severely resistant to the toileting tasks, physically aggressive towards others or self during the toileting routine** (Mruzek, McAleavey, & Engel, 2016).



Rule out Medical Concerns First...

Urinary tract infections

Neurologic disorders

Structural genitourinary tract defects

Constipation

Endocrine disorders (e.g., diabetes mellitus)

Hypercalciuria*

Sickle cell disease

Drugs (e.g., caffeine & methylxanthines)

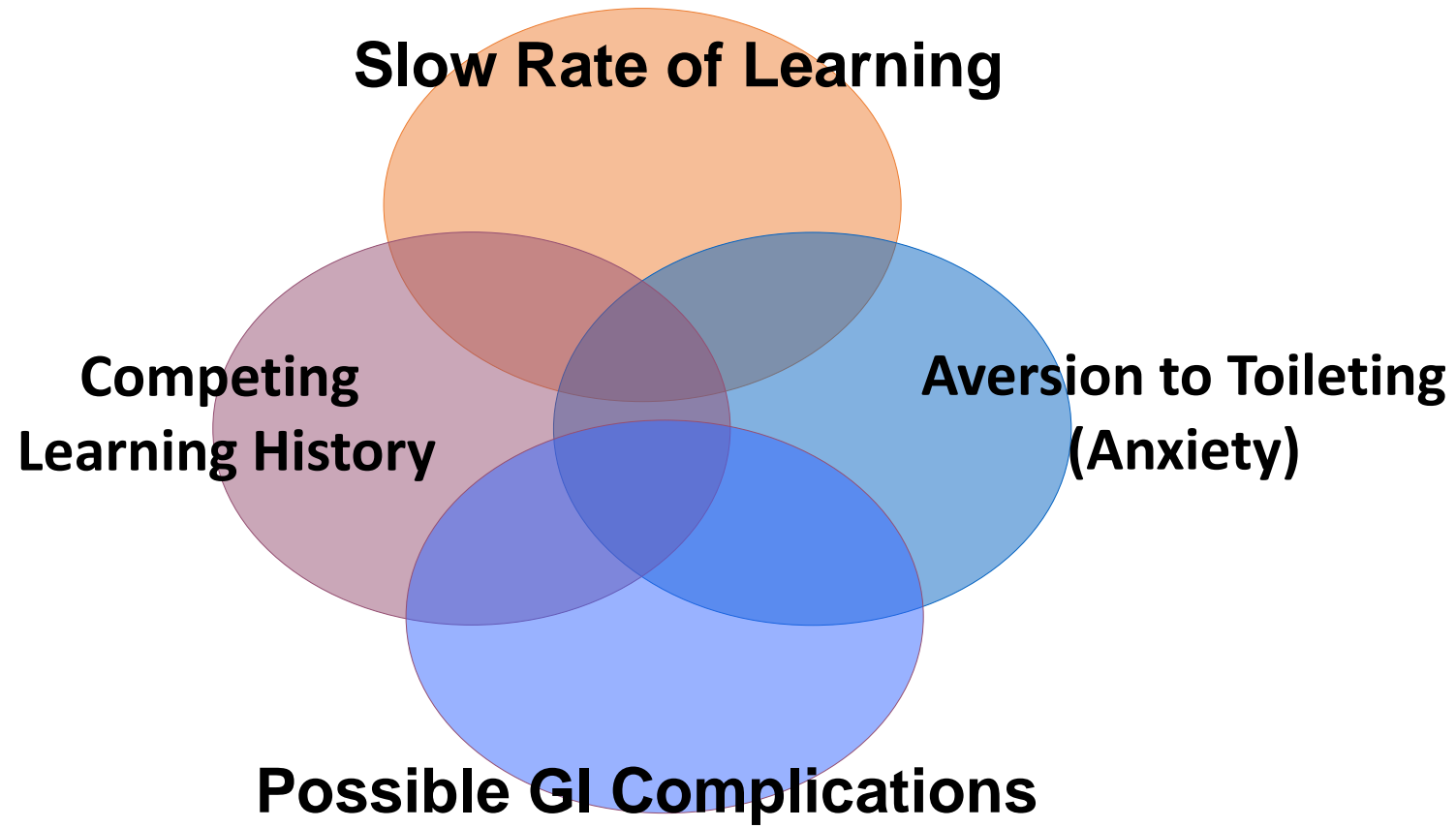
Child abuse

Hypercalciuria or hypercalcinuria is the condition of elevated calcium in the urine. Chronic hypercalcinuria may lead to impairment of renal function, nephrocalcinosis, and renal insufficiency. Patients with **hypercalciuria** have kidneys that put out higher levels of calcium than normal.

lorember & Schwaderer, 2009

Textbook of Pediatric Care


Barriers to Effective Toilet Training





GI Complications

GI Complications

- Discuss possible physical difficulties prior to initiation of training.
 - Refer to pediatrician or GI specialist if any concerns or if there is little or no progress after sufficient time....or if physical problems appear to be implicated.
 - Consider history of constipation and “spontaneous” nature of “avoidance” reactions.
- 
- A large yellow triangle is positioned in the bottom right corner of the slide, pointing towards the top right.



Slow Rate of
Learning

Antonio: “Progress is Sooooo Slow!”

Antonio is an 8 year-old boy with ASD and intellectual disability. His parents have recently initiated a toilet training program developed in consultation with the school psychologist at their son’s school. After nine days of concerted effort, he has not yet used the toilet once, and both parents are wondering if they are on the right track.

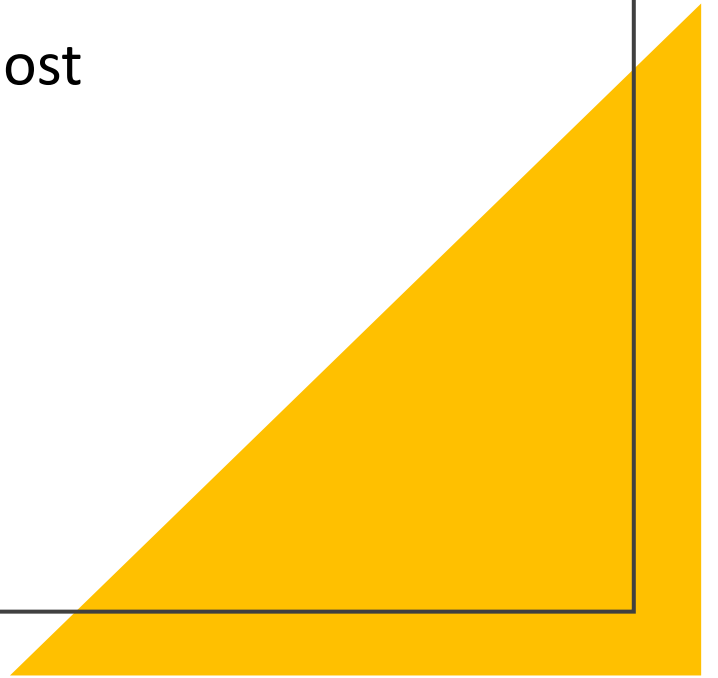


Considerations for Antonio:

Learning a new skill like toileting can be a slow process. It may take a number of days of concerted effort before the child demonstrates noticeable progress, even dribbling a small amount of urine into the toilet. Take time to shape relaxed behavior while he is on the toilet by reinforcing his efforts. Carefully monitor the quality of reinforcement that is available for him. Have items that really motivate him been identified? If not, add some new rewards to his menu! Consider keeping extra liquids available for Antonio during training intervals to provide more opportunities for practice. Finally, if possible, have more than one adult initiating training each day, so that one person does not get “burned out” from being the sole provider.

Slow rate of learning...

- Some children with ASD have concurrent ID
- Conceptually, the easiest problem, but potentially the most labor-intensive
- Repetition and time are key
- May find greater variability in performance



Slow Rate of Learning...



Have child wear simple clothing



Use a visual schedule and include "toileting" on it



Identify high-probability times of day



Increase that probability with access to fluids



Use a toileting routine and keep setting relaxing



Minimize unnecessary spoken language



Use powerful & immediate reinforcement



Have multiple trainers



Schedule trips to the bathroom

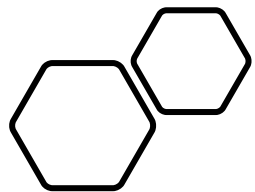


Dry-pants checks + Reinforcement for SM of bladder

Here's
your
email :)

Tuesday, March 29, 2016 at 7:38 AM

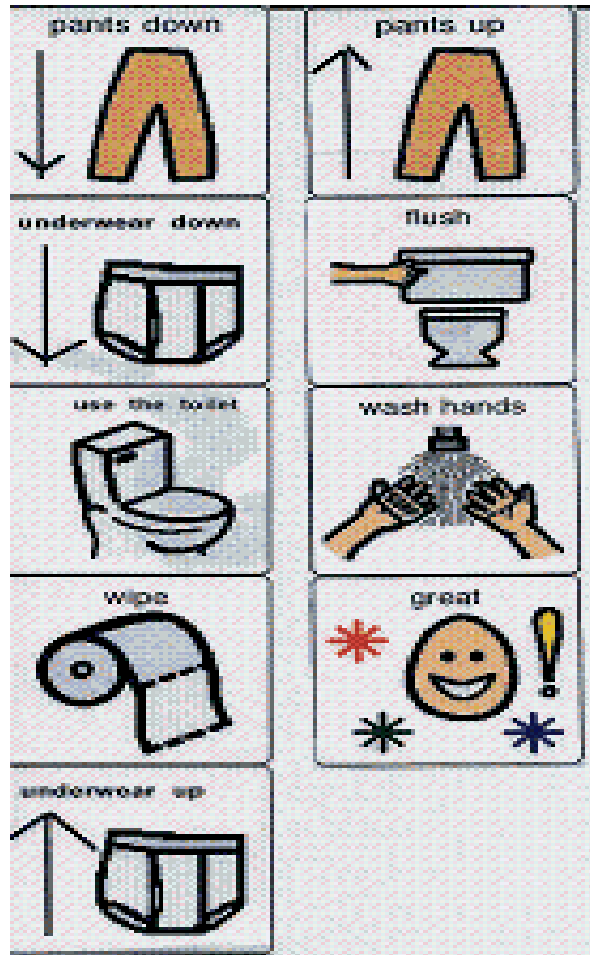
Hi, Dr. Dan. E had two full voids
in the potty yesterday!!!



Consider adaptive supports...

- Portable hand rails
- Toilet seat
- Foot stool

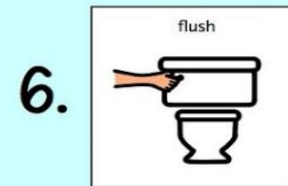
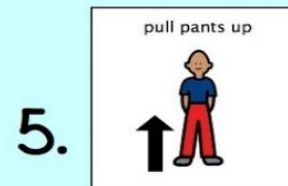




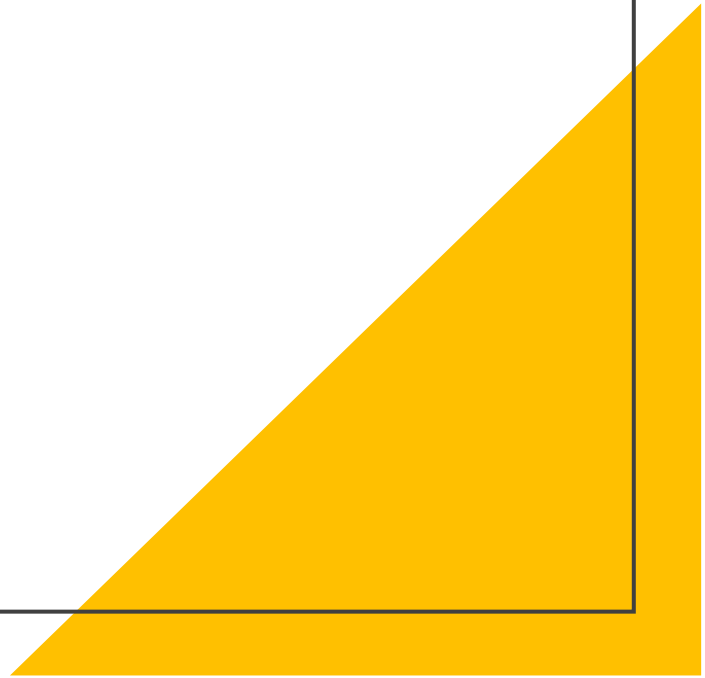
Toileting Visual Schedule

A visual schedule gives you the chance to show your learner the steps easily and without unnecessary talking.

Using the Restroom



Bathroom



Use Powerful Reinforcement!

Immediate presentation of reinforcement

Examples:
favorite treat,
DVD, computer

Pair “primary”
reinforcers with
praise

Reinforce even
minimal
urination

“What if the sensation of a wet or soiled diaper does not bother her?”

Does the child have a chance to experience discomfort?

Minimize “secondary reinforcement” vis-à-vis the changing routine

If the child still is not bothered by wet/soiled diaper, emphasize habit training and watch for signs of discomfort at a later point.

“He’s so quick! How do I know when he’s going to go?”

There is a pattern of “increasing probabilities”

Small amount of water 10-15 mins. prior to those intervals of increased probability

Watch for very subtle precursor behaviors

Sometimes the pattern is so variable that it is very hard to predict readiness, despite best efforts...but still go with the odds!

Cosmo: CA = 5, Dx = Autism; Self-Contained Kindergarten

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00	DRY	DRY	DRY	DRY	DRY
9:15	DRY	DRY	DRY	DRY	BM
9:30	DRY	DRY	DRY	DRY	DRY
9:45	DRY	URINE	URINE	URINE	DRY
10:00	DRY	BM	BM	DRY	DRY
10:15	DRY	DRY	DRY	DRY	DRY
10:30	DRY	DRY	DRY	DRY	DRY
10:45	DRY	DRY	DRY	DRY	DRY
11:00	URINE	DRY	DRY	DRY	DRY
11:15	DRY	URINE	DRY	DRY	URINE
11:30	DRY	DRY	DRY	DRY	DRY
11:45	DRY	DRY	DRY	DRY	DRY
12:00	URINE	DRY	DRY	DRY	DRY
12:15	DRY	DRY	DRY	DRY	DRY
12:30	DRY	DRY	DRY	DRY	DRY
12:45	DRY	URINE	DRY	DRY	DRY
1:00	DRY	DRY	DRY	DRY	DRY
1:15	DRY	DRY	URINE	DRY	DRY
1:30	DRY	DRY	DRY	DRY	DRY
1:45	URINE	DRY	DRY	DRY	DRY
2:00	DRY	DRY	DRY	DRY	URINE
2:15	DRY	DRY	DRY	URINE	DRY
2:30	DRY	DRY	DRY	DRY	DRY
2:45	DRY	DRY	DRY	DRY	DRY
3:00	DRY	DRY	DRY	DRY	DRY

Troubleshooting.....



*Competing
Learning History*

Jimmy: “He Likes to Go in His Diaper – Not the Toilet!”

Background: Jimmy is a 5 year old with ASD. He has near-age appropriate language skills and can dress himself. However, his family has been unable to toilet train him. Jimmy appears to like to defecate in his diaper. If his parents remove his diaper and place him in underwear, he will hold his bowel movement back until he is given a diaper. In fact, he will often request a diaper so that “he can go,” but on the toilet, Jimmy will refuse to defecate.

Considerations for Jimmy:

Jimmy clearly has the ability to control his bowel movements for long periods of time. The fact that he requests a diaper suggests that he is even aware of an impending bowel movement; therefore, troubleshooting in this case centers upon nudging him to “transfer” defecation from the diaper to the toilet (Luiselli, 1996). First, the parents should double check to ensure that they have identified powerful reinforcers for Jimmy (e.g., a favorite DVD), to which they limit access except for voiding in the toilet. Next, they might use these reinforcers to gradually shape toileting. For example, they might place Jimmy in underwear but provide a diaper when he asks. However, they require that Jimmy then go into the bathroom (but not sit on the toilet) in order to defecate. Once he defecates in the diaper, he is given access to his favorite DVD for 10 minutes. Once Jimmy is requesting a diaper and defecating in it regularly in the bathroom, his parents will require that he sit on the toilet, wearing diaper while he defecates. The toilet seat can be up, but an in-between step with the toilet seat down might be needed. Once Jimmy is consistently defecating in his diaper while sitting on the toilet, his parents will begin to either cut a hole in the diaper or fold it back so that Jimmy actually defecates in the toilet (and will continue to use access to the favorite DVD as a reinforcer). Jimmy’s parents will then continue to cut the diaper or fold it back until the diaper is no longer necessary.

Toilet Use: Baseline Skills Assessment

- Sitting for at least 30 -45 seconds
- Remaining reasonably still

If individual does not exhibit these two behaviors, this is where our work will begin.

Competing Learning History

Children with ASD may establish idiosyncratic, inflexible routines for daily bowel and bladder elimination. Most notably, over time, urinating or defecating while wearing the diaper/pull-up may become so habitual that the child is unlikely to do so in its absence (Luiselli, 1996).

As a result, elimination routines may have no association with the toilet. Furthermore, because of the “convenient” ongoing presence of the diaper/pull-up, elimination routines may become so automatic that the child does not demonstrate obvious behaviors that signal imminent voiding, such as increased motor movements or distinct posturing.

These behaviors alert caregivers and provide them with a chance to take the child to the toilet. Because many individuals with ASD prefer routine, these patterns of behavior may be difficult to interrupt and replace with new routines for bowel and bladder elimination.

Competing Learning History...

Child's routine does not include toilet...

- Recognize “stimulus control”
- Use a shaping procedure
- Pre-teach with a social story
- Have family members model toileting

Transfer of Stimulus Control Toilet Training Procedure (Luiselli, 1996)

By virtue of learning history, diaper assumes “stimulus control” properties for urination

“Physical dimensions” of diaper systematically changed across training

Diaper systematically “faded” and, concurrently, toileting routine initiate

Social Story...

USING THE TOILET FOR PEE

A A few times every day, I need to pee in the toilet. I know this because I feel the pressure here (have student point to body area).

B When it is time to pee in the toilet, I know what to do! I...

Stop what I am doing...

Walk to the bathroom...

Pull my pants and underwear down

Sit on the toilet and quietly wait...

Pee in the toilet "all the way"!

Stand up and put my pants and underwear back on...

Flush the toilet...

Wash my hands with soap and dry them with a towel...

I go back to what I was doing.

C When I pee in the toilet, I get a prize! I also stay dry, and I don't have to change my clothes! My Mom and Dad are very proud of me! I am a turning into a big kid!

Use the "3-term contingency" to create the social story..... A – B – C



Prompt- Dependency

- ADHD
- Autism
- Intellectual Disability

Individual will only use the toilet
when initiated by another person

Systematic Prompt-Fading

Promote independence through application of a “prompt hierarchy” ...

Physical → Verbal → Gestural → Icon on Desk

MotivAider can be used and faded across days, starting with intervals of greatest success.

Reinforce progressively independent behavior.



Flaute et al
(2005)

“Sure...We can work on toilet training here at school (home)...but what’s the use if they are not going to practice at home (school)?”

Planful generalization is very important, however...

- If one party is unwilling to work on TT, then “our” work just became all that much more important!
- We can generalize across time (e.g., future teachers, future residence)
- The student will “teach” persons in the other setting how to support him or her with TT



*Aversion to Toileting
(Anxiety)*

How important is it that the learner relaxes while on the toilet?

Answer: Critical....Right up There with Having a Full Bladder and Sitting on the Toilet...and This is What is Often Missed in the Troubleshooting....This is a prerequisite skill, and it must be taught.

Anxiety... Functional Assessment

- Consider variables related to...
- the bathroom (enclosed space, echo)
- **toilet (flush, enclosed space, echo)**
- disruption of daily routine or loss of opportunity
- **the task (fine-motor difficulty)**
- **loss of diaper**
- loss of reinforcement opportunity
- **history of pain (e.g., constipation)**

Initial goal of intervention...

Teaching the child how to engage in the behavior of relaxing while on the toilet.

Use a “systematic desensitization” approach

Reinforce proximal behaviors and practice sitting on the toilet

Schonwald 2009

Anxiety... *“What if she tantrums or otherwise refuses to sit on the toilet?”*

Implement or re-implement functional assessment

Don't struggle!

Consider training environment/history of aversive experiences

Access to fun, relaxing toys, books

Use simple shaping procedures & powerful reinforcement

5-minute limit of sitting on toilet

Aim for learner to sit on toilet for about 2 – 5 total minutes. Don't allow training to become a grudge match or a noxious experience for the learner or trainer.



Additional Considerations...

First couple of days – very important! Be observant and troubleshoot!

Period between onset of training and onset of toilet use can be a grind – provide support!

Once learner begins to go in toilet, reinvigorate monitoring of precursor behaviors!



Thank you!

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