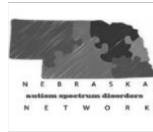


TRI-STATE WEBINAR SERIES

Toilet Training for Children on the Autism Spectrum

Presented by: Melinda Henson, M.Ed., BCBA
With contributions from Jamie Lewis, MSOTR/L



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Tri-State Autism Spectrum Disorder Webinar Series

This presentation is a collaborative effort between the following:



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Learner Objectives

1. **Identify importance of toilet training and common barriers for individuals with ASD**
2. **Recognize child readiness, environmental, and visual routines to build success**
3. **Develop an understanding of 3 different types of evidence-based toilet training techniques**
4. **Understand how to teach initiations and enhance generalization success**

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Why Focus on Toileting in School Settings?

- Social Acceptance
- Independence
- Health




- Consider costs
 - ✓ Time spent assisting child (8-9 hrs/week)
 - ✓ Energy (on average, 10 min. per change)
 - ✓ Resources (\$480/year supplies)

Common Barriers for individuals with ASD

- Communication and understanding
 - Range of communication skills: Nonvocal, echolalia, literal interpretations
 - Limited initiations: Often, learners need to be explicitly taught to ask to use the toilet
- Anxiety
 - Fears of bathroom-related stimuli


Common Barriers for individuals with ASD

- Apparent lack of motivation may be masking:
 - Altered perception of social appropriateness
 - Challenges with attention, organization, and sequencing
 - Motor difficulties, inconsistent or absent imitation skills
 - Challenges with managing clothing

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Common Barriers for individuals with ASD

- Preference for routine
 - Repetitive actions, resistance to change
- Health issues:
 - Constipation or loose stools, urinary tract infections, irregular bowel movements, history of discomfort

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Common Barriers for individuals with ASD


- Sensory issues
 - Sensitivities to certain textures or stimuli
 - May not be aware of interoceptive/body cues that let them know bladder or bowels are full and/or if their clothing is soiled or wet
 - Gravitational insecurity

Signs of Toilet Training Readiness

- Physical Abilities
 - Able to sit up-right for 5 minutes at a time
 - Able to hold urine for at least an hour
 - No contra-indicated medical conditions
 - Helps undress self
- Dryness
 - One to two hours at a time
 - During naps
 - Regular bowel movements


Signs of Toilet Training Readiness

- Mental Readiness and Awareness
 - ✓Mental age greater than 2 years
 - ✓Can follow one-step directions
 - ✓Interested in toileting or the bathroom
 - ✓Shows awareness of being wet
- Note: The steps for readiness are guidelines for the developing child who has no physical limitations. Exceptions may exist for those who are physically or cognitively unable to complete the aforementioned steps.

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GET READY, GET SET, GO!!!

Successful toilet training is within
their reach!

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Toilet Training Overview

Phases of Toilet Training

1. Increasing Awareness of Toileting
2. Adding Supports (Visual Supports, Reinforcement)
3. Defining the Problem
 - Medical vs. Non-Medical Issues
 - Using the Elimination Record
4. Introduction to the Toilet
5. Choose toilet training technique
6. Teaching Initiation
7. Independence in Natural Settings

What do you think?

- What common barriers come to mind when you think of your focus student?

BEFORE YOU GET STARTED

Proper Dress and the Bathroom Environment



Diapers vs. Underwear

- Learner must be able to feel the wetness
- Underwear or training pants with extra thickness in important areas should be worn next to the skin
- Diapers or plastic protectors can be worn outside of the underwear
- Change wet or soiled clothing immediately



Extended Diaper Wearing: A Study by Tarbox, Williams, & Friman (2004)

Do diapers just capture urinary accidents, or do they also set the stage for their occurrence?

- 29-year old man with intellectual disability
- Prompted to use bathroom every 30 minutes
- He had significantly more accidents while wearing a diaper than when not wearing a diaper
- Toilet use increased during the “no diaper” stage of the study
- Conclusion: “Wet diapers often provide a rationale for their own continued use.”

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Proper Dress

- Choose clothing that is easy to remove for the learner
- Avoid choosing clothes that are distracting or based only on attractiveness



GO's

- Elastic or drawstring waistbands
- Loosely fit pants
- Skirts &/or Dresses
- Shorter shirts

NO's


- Zippers/ Snaps
- Tight pants
- Tights
- Overalls
- Onesies



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To Sit Or Stand?


- Does he distinguish between urination and bowel movements?
- Does the child have the ability to make appropriate choices?
- Are there male role-models present to demonstrate standing?
- Does he have the proper coordination, focus, and control needed?
- Do we need to build social awareness in public restrooms? (spacing at urinals, disrobing appropriate amounts, eye gaze, etc.)

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Bathroom Environment


Set them up for success!!

- Place important items within reach of the learner
- Make modifications to help the learner obtain the proper amount of needed items
- Determine whether preventative measures need to be taken to avoid danger
- Ensure that the sink and toilet are easy for the learner to access independently

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Bathroom Routine

- Predictability is essential
- Have a routine from preparation to completion
- Follow a schedule as determined by the elimination record
- Increase fluids closer to time scheduled for the toileting opportunity

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Steps in Toileting

- Enter the bathroom
- Undress
- Sit on the toilet
- Void bladder/bowels
- Get toilet paper
- Wipe
- Dispose toilet paper
- Get off toilet
- Pull up clothing
- Flush once
- Wash hands
- Dry hands
- Indicate completion
- Exit the bathroom

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Going to the Bathroom

1. sit down undressed
2. go to bathroom
3. get toilet paper
4. wipe
5. pull pants up
6. flush
7. wash hands

Dry your hands

Go into the toilets

Close the door

Use the toilet

Flush the toilet

Throw away used paper towels

Pull down clothes

Use the toilet

Pull up your clothes

Open the door

Rip off toilet paper

Use the toilet paper

Wet your hands

Put soap on your hands

<https://www.twinkl.com>

Washing Hands

turn on water

soap

wash hands

turn off water

dry hands

<http://www.do2learn.com>

<https://goboardmaker.com>

Reinforcement

- Actively reinforce the step of the toileting process that is earliest and/or weakest
- Reinforcement is best when it is:
 - Immediate
 - Powerful
 - Not accessible otherwise
- Pair tangible reinforcers with social praise
- Fade to varied and intermittent reinforcement as spontaneous instances increase and accidents decrease

Working As a Team

- Communicate between home and school
- Promote consistency across environments
- Share observations and techniques
- Avoid blame or anger
- Keep each other informed of dietary or medical changes
- Have a back-up plan



Pre-Teaching

- Pre-Teaching (priming) lets the learner preview a skill before it is to be used
 - Model the actions you wish the learner to imitate in the future
 - Develop stories about the act of toileting
 - Have the learner watch videos about toilet training
 - Video modeling and use of apps
 - Introduce a toileting doll to the learner



Pre-Teaching

- Body state awareness
 - Games with identifying and labeling body parts
 - Labeling actions the adult sees when the child has to void
 - A body signal + an emotion = meaning + action
 - “I see you moving fast; that means you have to go to the bathroom.”
 - “I hear you grunting; that means you have to poop.”
 - “After you poop, touch your belly...it feels empty.”
 - Assign meaning to the feelings child is experiencing



What do you think?

- What is one new idea that will help you set your student up for success?



THE ELIMINATION RECORD

Determining the Optimal Times for Training



Elimination Record

- Use chart to determine elimination patterns
- Keep in bathroom for easy access
- Record urinations and bowel movements for in the toilet and off the toilet
- Focus on daytime patterns first
- Follow a fixed schedule (every hour) or natural schedule (after nap, meals, etc.)
- Keep baseline data for up to 2 weeks



Introduction to the Toilet

- Total the number of urinations and BMs for each time to determine the most consistent schedule
- Take the learner to the bathroom 5-15 minutes before each time indicated in the baseline data
- For baseline and training phase:
 - Make the bathroom routine as comfortable and fun as possible
 - May need to teach learner to sit on toilet first
 - Have learner sit on toilet for 3-5 minutes at a time



THREE TECHNIQUES FOR TOILET TRAINING

- Habit Training
- Intensive Toilet Training
- Contenance Strategies



Habit Training

- Used to develop continence by regularly accessing the toilet
- Continence is the ability to refrain from wetting or soiling one's clothing
- Use habit training when:
 - First introducing toilet trainingOR
 - Learner has no awareness of the need to go
 - Mental age is less than 3 years
 - Learner has no awareness of when clothes are wet



Habit Training Tips

- Do not ask the learner if he or she needs to go
 - Saying “no” is not an option at this point
 - Use words, gestures, or picture request icons that the child can adopt in the future
 - I.E. Use a picture of a toilet to prompt the child to request the bathroom rather than telling the child it is time to go.
- Take the learner to the restroom based on the times determined by the elimination record.
- If an accident occurs, follow the schedule as if the accident had not happened.



Results of Habit Training

- Helps prepare individuals for spontaneous access
- Learner may start going into the bathroom before the scheduled time and pair the act with the sensation
- Learner develops regular elimination patterns



Intensive Toilet Training

- Intensive toilet training: Devoting three days almost exclusively to toileting
- Intensive toilet training appropriate when:
 - Schedules do not prevent accidents despite modifications
 - Current strategy does not allow for high enough reinforcement or frequent enough reinforcement to motivate toileting



Intensive Toilet Training

- Intensive toilet training appropriate when:
 - The learner does not voluntarily eliminate
 - The child eliminates immediately after getting off of the toilet or the child has intense negative behavior in the bathroom



Intensive Toilet Training

- Increase liquid intake during these two days
- Have learner sit on the toilet until he or she eliminates into the toilet
- The learner is allowed to get off of the toilet as soon as he or she eliminates



Intensive Toilet Training

- The learner should usually return less than 30 minutes after eliminating, unless the elimination record indicates a longer time
- The goal is to make accidents impossible during these two days
- The learner should have access to preferred items during sittings, but access to more desirable items upon successful elimination



Reinforcement-Based Toilet Training: A Study by Cicero & Pfadt (2002)

- 3 children with autism, ages 4-6
- Remained in school bathroom for school day
- Dressed in limited clothing with free access to liquids throughout morning
- Prompted to use bathroom every 30 minutes and immediately upon detection of an accident
- Sat for 1-3 minutes
- Reinforcement was only given if urination was completed on the toilet (with or without accident).



Reinforcement-Based Toilet Training: Procedure and Results

- After spontaneous requesting occurred once, prompting ceased.
- After multiple spontaneous initiations, fluid intake was returned to normal and full clothing was returned.
- The child was gradually faded out of the bathroom and further into the normal classroom.
- Children took 7-11 days to achieve self-initiation with zero accidents



Intensive Toilet Training: A Study by LeBlanc et al. (2005)

- Children with autism, aged 4 years
- Previous exposure to low intensity training
- Outpatient clinic setting with large bathroom and small therapy room
- Increased fluids
- Communication training
- Reinforcement given for self-initiations and urination in the toilet



Intensive Toilet Training: A Study by LeBlanc et al. (2005)

- Urine sensor was used to detect accidents
 - Child was taken to bathroom to sit for 1 minute
 - If urination occurred, positive practice was avoided

- Positive Practice:
 - Used if accident was not followed by urination in toilet
 - The learner performed the appropriate behaviors that should occur during or after an accident
 - Remove pants, sit, stand, dress, return to site of accident; repeat four times



Intensive Toilet Training: Sitting Schedule

Level	Schedule On/Off	Advance After:
1	10 min/5 min	Once
2	10 min/10 min	Once
3	5 min/15 min	Once
4	5 min/25 min	Once
5	5 min/35 min	Once
6	5 min/45 min	2 successes on 2 nd day
7	5 min/60 min	2 successes
8	5 min/90 min	80% success for 2 days
9	5 min/ 2 hours	80% success for 2 days
10	5 min/2.5 hours	80% success for 2 days
11	5 min/3 hours	80% success for 2 days
12	5 min/ 4 hours	80% success for 2 days

- Sitting schedule

Urine alarm was removed after 100% success for 2 days with at least one self-initiated OR 80% success for 2 days with 40% self-initiated



Intensive Toilet Training: A Study by LeBlanc et al. (2005)

Outcome:

- All 3 children achieved continence following the scheduled sitting schedule
- Two of three children achieved self-initiation for the majority of toileting events
- For a 3rd participant, parents continued to provide frequent prompts despite recommendations, and initial increases in self-initiation were lost.



Continence Strategies

- Use in combination with habit-training or intensive toilet training techniques to develop control of the bladder and bowel
- Easiest to start with one function first
 - Bladder control is easier to teach because of the many opportunities and ease of manipulating fluid intake



Bladder Control

- Contenance means the learner can:
 - Feel full bladder
 - Voluntarily start urination
 - Feel the emptying of bladder
 - Voluntarily stop urination
 - Feel empty bladder
 - Feel wet clothing or bedding
- *See handout for “Bladder control Tips & Tricks”



What do you think?

- Think about your student and their current environment. Which toileting technique is a good fit?



INDEPENDENCE AND GENERALIZATION

- Handling accidents
- Teaching initiation
- Toileting in unfamiliar settings



Accidents Happen

- Accidents may result from changes in:
 - Health, diet, sleep, routine, stress level, and medication
- Reactions to accidents will change markedly depending upon the stage of training
- Avoid scolding the child or making them feel dirty or shamed
- Have the child actively help in the clean-up
- Make the consequences for an accident non-reinforcing



Initiation

- Fade prompts by using reminders
 - Verbal reminders to use the bathroom
 - Visual reminders of the reinforcement contingency
- Frequently prompt and reinforce requesting to toilet and running into the bathroom
- Use differential reinforcement of initiated vs. prompted instances
- Increase the amount of time between prompted toileting trips so the child has a chance to experience a full bladder
- Increase the inconvenience of accidents



Toileting in Unfamiliar Settings

- Be prepared
 - Use bathroom before leaving home
 - Locate restrooms at facility
 - Take pictures for the next time
- Make a Toileting Bag
 - Carry familiar items if child is sensory sensitive
 - Don't forget reinforcers!



Handouts for participants

1. Visual support examples
2. Intensive toileting tips/sequence (Cicero & Pfadt; Foxx & Azrin; summarized by PaTTAN)
3. Intensive toileting protocol and schedule criteria w/positive practice (LeBlanc et al.)
4. Elimination and Toilet training data sheets
5. Trouble shooting handouts
6. Bladder tips and tricks
7. Nighttime continence

Additional Resources

Autism Speaks “A parents guide to toilet training”
<https://www.autismspeaks.org/sites/default/files/2018-08/Toilet%20Training%20Guide.pdf>

Wet Stop Urine sensor <http://wetstop.com/using-wet-stop3-bedwetting-enuresis/>

Potty watch <https://mypottywatch.com/>

See Me Potty app <http://www.avakid.com/>

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Baker, B.L & Brightman, A.J (1995). *Steps to Independence: A Skills Guide for Parents and Teachers of Children with Special Needs*, (2nd ed).. Baltimore, MD: Paul H Brookes Publishing Co.

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Questions?

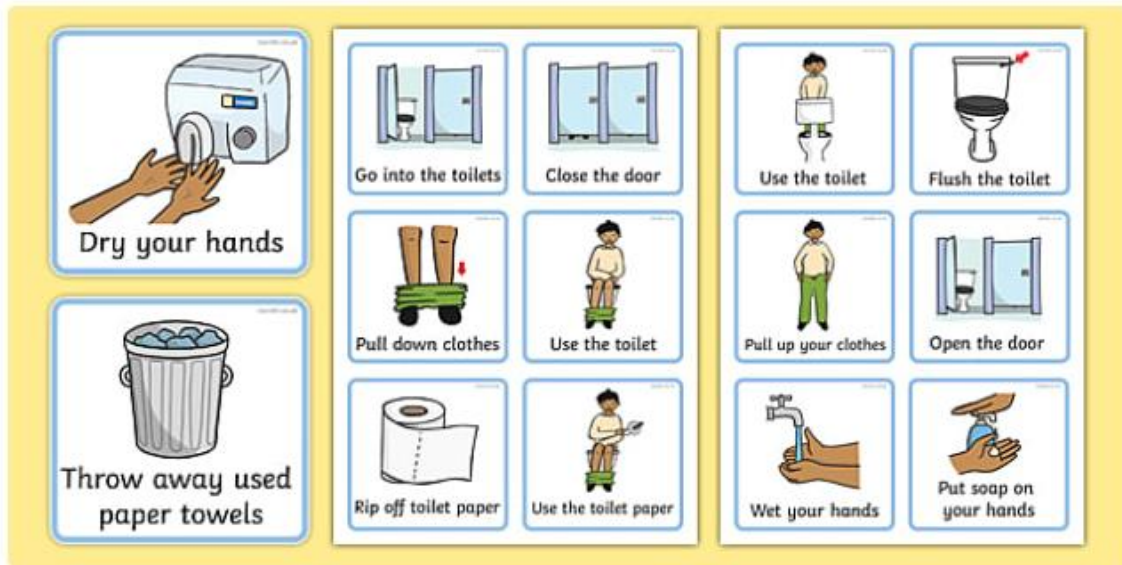
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THANK YOU!

Melinda Henson, M.Ed., BCBA
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-Visual Timetable

Using the Bathroom



Washing Hands



-Do2Learn

Intensive Toilet Training Protocol

Materials: Timers, cleaning supplies, PECS cards (if applicable), plenty of clean underwear (*no pull-ups or diapers unless on extended drives and at bedtime*) preferred beverages, foods, toys, and videos

Treatment Components: Drinking schedule, scheduled sits, communication training, differential reinforcement of urination in toilet, positive practice

- **Drinking Schedule:** Beginning at every 5 minutes and fading to every half hour, the child will be offered a preferred beverage. This will only happen on the first intensive treatment day.
- **Sitting Schedule:** Five-minute sits every ____ minutes. You will need to make sure you **know what schedule your child is on!** Criteria for increasing schedule: 80% accuracy for 2 days.
- **Communication Training Schedule:** Say communication response (e.g., “potty”) and have him say the communication response and/or give you the picture card at every scheduled sit (prompt as necessary).
- **Differential Reinforcement of Urination in Toilet:** Upon successful urination in the toilet (or successful bowel movement):
 - Provide social praise that is preferred by the child (e.g., enthusiastic verbal praise, hugs, smiles, claps).
 - Provide access to highly preferred toys and food.
 - Allow child to get off of the toilet and go back to playing or, if at school, working.
- **Off toilet urination:** If child begins to urinate away from the toilet, ***immediately*** rush the child to the toilet, say the communication response (e.g., “potty”). Place the child on the toilet and allow him to complete urination. If the child completes in the toilet, provide reinforcers for urination in toilet and do not do positive practice. If the child does not complete urination in the toilet, remove him/her from toilet after 1 minute and ***implement positive practice***. After positive practice is complete, dry off and have the child change underwear and any other soiled clothes.
- **Positive Practice:** Take the child by the hand/arm to the spot where the accident occurred, point to the spot and then to the child's pants. Say in a firm voice "no wet pants" and walk him/her to the toilet. Have the child remove his/her pants and sit down.

Then have the child stand immediately, pull up their pants, and bring him/her immediately back to the spot where the accident occurred. **Repeat the procedure 4 times.**

Helpful Tips

1. Know your child's schedule at all times.
2. Have reinforcers and bathroom card (if used) available at all times.
3. If the child urinates successfully...
 - a) Give enthusiastic praise, hugs, and smiles
 - b) Give access to highly preferred toys and food
 - c) Allow child to get off the toilet and return to activities
 - d) Restart time until next sit
4. If child has an accident...
 - a) Say "no wet pants"
 - b) Rush the child to the toilet
 - d) Allow child to finish urination
 - If child finishes, provide reinforcement (#3 above)
 - If child does not finish, implement positive practice (see below).
 - e) *Implement Positive Practice Immediately*
 1. Take the child to where the accident occurred
 2. Say "no wet pants"
 3. Rush the child to the toilet, pull down pants, and sit him/her down
 4. Quickly get the child up, pull up his/her pants
 5. Go back to where accident occurred and **repeat the process 4 more times**

Please ask questions if you ever feel unsure about a procedure.

LeBlanc, LA; Carr, J.E.; Crossett, S.E.; Bennett, C.M.; & Detweiler, D.D. (2005) Intensive outpatient behavioral treatment of primary urinary incontinence of children with autism. *Focus on Autism and Other Developmental Disabilities*, 20(2), 98-105.

Guidelines for Potty Training program

Toilet training persons with developmental disabilities By Foxx and Azrin

Summarized by: PaTTAN Pennsylvania Training and Technical Assistance Network

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 while the child is sleeping, but should be replaced with underpants when they are awake.
2. 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.
3. Take the child to the bathroom every 30 minutes. Stay on the potty for 10-20 minutes or until the child voids. If the child does not void, instruct them to put their clothing back on using minimal prompts and allow them to leave the bathroom. Boys should also be sitting on the toilet.
4. If the child voids during this time, provide tangible reinforcement and praise immediately. Prompt them as little as possible to pull their clothing back on and allow them to leave the bathroom.
5. 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. If the child is dry, provide reinforcement and praise.
6. 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. Then immediately take them to the bathroom. 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. Use full prompting if necessary. After the fifth practice, change the child into dry clothing and have the child clean the spot where the accident occurred. Do not provide a lot of attention at this time. The positive practice procedure is not fun for the child.
7. Typically, children will have many potty accidents when you first begin this procedure. Do not get discouraged. Continue to implement the positive practice procedure.
8. The first time the child self-initiates, stop scheduling the child for potty time. 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.
9. 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.
10. 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.
11. 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).
12. After the child has had 20 consecutive initiations with no accidents you may stop forcing fluids.
13. 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.

14. 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. Do not use positive practice for BM accidents. Only require that the child clean the mess. Eventually the child will begin using the toilet for BMs also.
15. 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 a while during that time.
16. Once the child is voiding and having BM's in the potty, it is then time to teach the boys to stand while urinating.
17. 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. Do not teach the child to mand until self-initiation is strong.

Intensive Schedule Change Criteria

Intensive day 1:

- Teacher will increase off-toilet time each hour (see schedule below) unless there are no successes by noon. If this is the case, hold the schedule at 5 minute sits and 15 minutes.
- Schedule will stay the same all evening at home. Use the last level attained at the school.
- Drink Schedule: offer drinks to the child at the following intervals (intensive day 1 only)
 - Hour 1: every 5 minutes
 - Hour 2: every 10 minutes
 - Hour 3: every 15 minutes
 - Hour 4 until departure: every 30 minutes

Intensive day 2 (at home):

- From school departure until 5pm, keep the same schedule as the final schedule set at school
- At 5pm, increase the time to the next level if the child has had at least 2 successes since departure

Intensive day 3 (at home):

- If the child had at least 2 successes between departure and 5pm, start the day at the next level.
- If they did not have 2 successes between departure 5pm, keep the morning schedule the same.

Following day 3 through follow up phase:

- The new criterion for increase is 80% success at both home and school for two consecutive days. The team will determine when changes should occur and communicate to staff and family.

Levels of toileting sits:

1. 10 min. sit - **5** min. off
2. 10 min. sit - **10** min. off
3. 5 min. sit - **15** min. off
4. 5 min. sit - **25** min. off
5. 5 min. sit - **35** min. off
6. 5 min. sit - **45** min. off
7. 5 min. sit - **60** min. off

8. 5 min. sit - 1 ½ hours off
9. 5 min. sit - 2 hours off
10. 5 min. sit - 2 ½ hours off
11. 5 min. sit - 3 hours off
12. 5 min. sit - 4 hours off
13. No sitting schedule in place (child should initiate if he or she needs to use the toilet)

Formula for percentage of success:

$$\frac{\text{Successes}}{(\text{Successes} + \text{accidents})}$$

Or

The number of 'Y's in the success column divided by the sum of the # of 'Y's in the success column and the # of 'Y's in the accidents column

Remember:

- The child can get off the toilet if he or she urinates appropriately, even if the full 5 minutes have not elapsed.
- A **success** is any urination IN the toilet.
- An **accident** is any urination OFF the toilet (i.e. in pants, diaper, pull up, on floor, etc.)
- A toileting incident is **self-initiated** if the child requests to go to the bathroom (e.g. PECS, vocal, sign, etc.) without being prompted, or walks to the toilet and starts the process on his/her own. This does not include scheduled sits.

LeBlanc, LA; Carr, J.E.; Crossett, S.E.; Bennett, C.M.; & Detweiler, D.D. (2005) Intensive outpatient behavioral treatment of primary urinary incontinence of children with autism. *Focus on Autism and Other Developmental Disabilities*, 20(2), 98-105.

		Urine	Bowel	Urine	Bowel			
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Elimination Record

Date Begun _____

Time	Day 1 _____		Day 2 _____		Day 3 _____		Day 4 _____		Day 5 _____		Day 6 _____		Day 7 _____	
	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet
6am														
7														
8														
9														
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11														
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1pm														
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8														
9														

D-Dry, U-Urinated, BM-Bowel Movement, U/BM-Both

At each hour, check to see if s/he is dry or went in his/her pants. If your child went in the pants, mark a U or BM in the pants column. If s/he has a success in the toilet, mark the toilet column (this is not applicable is you have never placed your child on the toilet). Mark D in the pants column if your child is dry. If your child is wet/soiled in between the hours, mark the time in the space below the appropriate hour marker.

TROUBLESHOOTING

- Fear of the bathroom:
 - Pair bathroom with pleasant experiences
- Fear of sitting on toilet:
 - Use step-stool or toilet ring to stabilize child
 - Direct learner's attention to preferred task
- Repeated flushing:
 - Use picture cues that indicate only one flush
- Negative reaction to underwear:
 - Place diapers over underwear and gradually cut away parts of diaper
 - Start with wearing underwear for a short time and increase gradually
 - Try very soft brand underwear
 - Have child choose underwear related to special interest area
- Will not urinate in the toilet:
 - Increase fluid intake prior to toileting session
 - Use the bladder control techniques
 - Intensive training may be necessary if behaviors are occurring
 - Have child remain on toilet until they are relaxed enough to allow urination
- Will not have a bowel movement in the toilet:
 - Provide regular diet, exercise, and fluids
 - Relieve any anxiety or fear by reading stories or explaining the digestive system
- Sensory Concerns
 - Smearing feces, toilet paper resistance, hand-washing resistance.
 - Use visual cues for each step
 - Choose textures child will accept (flushable wipes, vary brands of paper)
 - Use hand sanitizer rather than soap

- Adjust water temperature for acceptance
- Regression
 - Identify possible causes
 - Heavily reinforce steps which have regressed

BLADDER CONTROL: TIPS AND TRICKS

- Apply pressure to lower abdomen to empty bladder completely
 - label this feeling for the child
- Use visual or auditory stimuli to help learner relax while on the toilet
- Use stimulation that elicits urination
 - Running water in the bathroom
 - Pouring water on the genitals
- Have the learner count after urinating to avoid getting off of the toilet too soon
- Adaptations for lack of bladder and/or bowel awareness
 - Auditory reminders set on intervals
 - Visual supports with bathroom times listed
 - Social stories about emptying bladder/bowels
- Building awareness of body state
 - Do periodic body checks
 - Repeated practice at identifying the signals that indicate the feeling, state (emotion) and action

Social story example: “It is healthy to empty your bladder a few times a day. Some people know when they have to go by the feelings in their bodies. Others may not have these feelings like me. While I learn about these feelings, I will use reminders to go to the bathroom. I will try to go at 9, 11, and 2. (OR I will try to go an hour after I drink).”
(Mahler, 2017)

NIGHT TIME CONTINENCE

- Begin night time training when daytime continence is achieved with few accidents
- Limit fluid intake in the evenings
- Discourage fluids 2-3 hours before bedtime
- Have a regular bedtime and routine
- Toilet immediately before going to bed and anytime when awakened during the night
- If learner is not roused by need to eliminate, try using alarm or waking the learner once per night