

# Behaviour Support

## Parent Workshops

### 9. Toileting

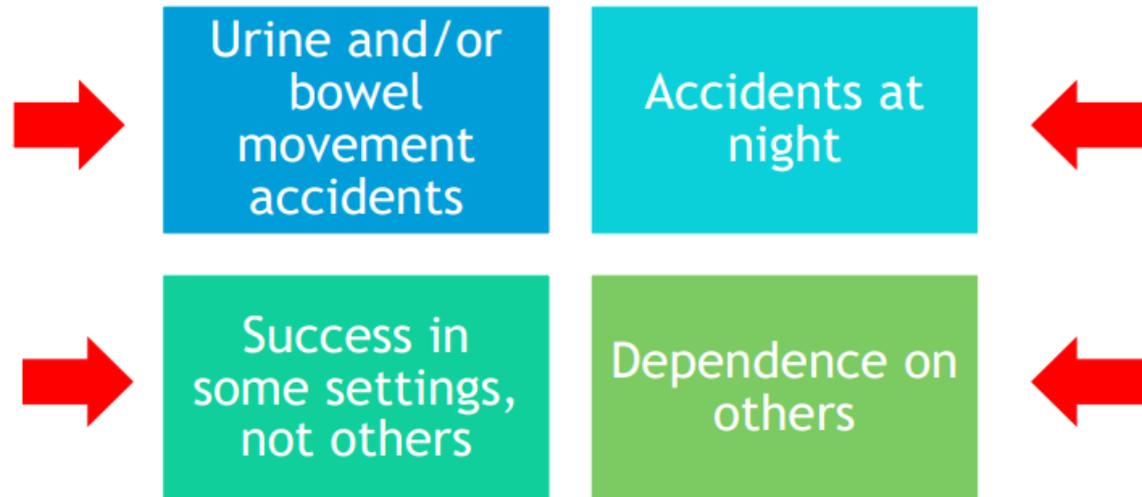


# Common Issues

# Common Issues



## Common Toileting Problems



# Prevalence



## Prevalence - Children with ASD

### Medical Concerns

- **Significantly higher rates of gastrointestinal conditions than peers** (McElhanon, McCracken, Karpen, & Sharp, 2014)
- **Greater risk of incontinence issues and lower urinary tract symptoms** (von Gontard, Pirrung, Niemczyk, & Equit, 2015)

# Prevalence



## Prevalence - Children with ASD

### Toileting Accidents

- **Daytime**
  - 25% compared to 4.7% of age-matched peers (mean age: 11.3 and 10.7) (von Gontard et al., 2015)
- **Nighttime**
  - 27.5% (ages 2-16 years) (Williams, Sears, & Allard, 2004)
  - 30% (mean age: 11.7) (von Gontard et al., 2015)

# Prevalence



## Prevalence - Children with ASD

### Toileting Accidents

- **Daytime**
  - 25% compared to 4.7% of age-matched peers (mean age: 11.3 and 10.7) (von Gontard et al., 2015)
- **Nighttime**
  - 27.5% (ages 2-16 years) (Williams, Sears, & Allard, 2004)
  - 30% (mean age: 11.7) (von Gontard et al., 2015)

# Timing



## Importance of Toilet Training

- ✓ Social
- ✓ Hygiene
- ✓ Time consuming
- ✓ Physical Discomfort/Irritation
- ✓ Cost
- ✓ Exclusion from social and educational opportunities

# Readiness



## First Steps

Rule out medical concerns before starting plan

- **Potential warning signs:** very frequent urinations, infrequently dry, pain associated with urine voids or bowel movements (Azrin & Foxx, 1974, p. 50)

Determine readiness (Azrin & Foxx, 1974, p. 43-45)

- Age, bladder control, physical readiness
- Interfering behaviors, tolerance for transitions and/or bathroom
- Ability to follow simple instruction

Review strategies already tried with child

- Ask school, caregivers

# Toilet Training: The Student's Perspective

Even in typically developing children, toilet training is often a difficult skill to master. While the student may have good awareness and control of his body, there are other social factors that determine how easily toileting skills learned. Many children acquire toileting skills to please their parents (being a “a big boy” or “big girl”). This social motivation is a critical factor in determining readiness for toilet training. There are several ways that the characteristics of a child with disabilities may interfere with toilet training:

# Toilet Training: The Student's Perspective

Difficulty in understanding reciprocal relationships might inhibit motivation of being a “big boy”.

- Difficulties in understanding language or imitating models may cause the student to misunderstand what is expected of him in the toilet.
- Difficulties in organizing and sequencing information, as well as, attending problems, may make it troublesome to follow all the necessary steps in toileting and staying focused on what the task is all about.
- Difficulty in accepting changes in the routine makes toileting a difficult task. From the student's point of view, what is the need to change the familiar routine of wearing and changing a diaper? After several years of going in the diaper, this routine is strongly established.

# Toilet Training: The Student's Perspective

- A student with disabilities may have difficulty integrating sensory information and establishing the relationship between body sensations and everyday functional activities.

He may not be able to read the body cues that tell him he needs to use the toilet.

- Sensory issues may play a factor in the environment of toileting. Issues with loud flushing noises, echoes, rushing water and a chair with a big hole in the middle right over water.

Issues of change in temperature or tactile feelings of clothes on/off may lead to difficulties with getting undressed.

# Assessment

The process should begin with establishing a positive and meaningful routine around toileting and collecting data about the student's readiness for schedule training or for independent toileting.

A simple chart can be used to collect the data needed about the student's readiness. On a routine basis, the student is taken to the bathroom for a "quick check" every 15 to 30 minutes and data is recorded on each occasion.

# Assessment

- \* Over a period of 1 or 2 weeks, patterns of data begin to emerge.
- \* • Is the student dry for significant periods of time?
- \* • Is there some regularity in his wetting/soiling?
- \* • Does he/she show any indication that he is aware of being wet or soiled?
- \* • Does he pause while wetting or soiling?

# Assessment

A student for whom the answers to all of these questions is “no” is probably not ready for a goal in independent toileting , although a goal of establishing a positive bathroom routine can still be very appropriate. During the charting phase, we should also be assessing other aspects of the process.

- Is the student beginning to pick up on the routine involved?
- How is the student’s dressing skills?
- Does he show any particular fears or interests related to the bathroom (reaction to toilet flushing, water, toilet paper roll)?
- What is his attention span?

At the end of the assessment period the data should be evident to establish an appropriate goal to work toward.

# Task Analysis

A task analysis of the steps of toileting can give a picture of all the skills needed. Assessing the student's current skills on each step will help in choosing a realistic goal and remind you not to try to work on several new skills at once. Task analysis can be global or specific. A sample would be:

1. Enter the bathroom
2. Pull clothes down
  - a. allows adult to pull
  - b. Pull from calves
  - c. Pull from knees
  - d. Pull from thighs
  - e. Pull from hips
  - f. Pull from waist
3. Sit on toilet
4. Get toilet tissue
5. Wipe with tissue
6. Throw tissue in toilet
  7. Stand up
8. Pull clothes up
9. Flush toilet

# Establish a Visually Supported Routine

After establishing an appropriate goal for the student, it is important to teach using visual system visuals for each step toward the goal. It is important to create a visual system to let the student know the sequence of the steps to completing the goal.

# Establish a Visually Supported Routine

At the most basic level, a transition object may be used to let the student know that the toileting routine is beginning. An object that is associated with toileting (a toilet paper roll with a little tissue still left on it) may be given to the student to serve as the transition object that takes the student to the correct location. At a more abstract level, a photograph or line drawing of the toilet or the printed word on a card may be given to the student or placed in the visual schedule to accomplish this goal.

# Establish a Visually Supported Routine

Once the transition to the toilet area has been made, it is important to continue to visually support each step of the toileting routine. By using an object sequence, a picture sequence, or a written list, the student is able to see the information, manipulate the system so that he recognizes its connection to his behavior, and has a clear way to recognize when each step-and the entire process is finished.

# Troubleshooting

# Common issues

Once a visually supported transition and sequencing system has been established, continue to use a problem-solving approach to troubleshooting details. Whenever the student has a problem with any step of the process, think about (1) what his perspective might be and (2) how to simplify and/or clarify through visual structure.

# Resists sitting on toilet



Allow to sit without removing clothes (practice only)

Allow to sit with toilet covered (cardboard under the seat, gradually cutting larger hole)

If strategies are helpful for sitting in other places, use in this setting also (timers, picture cues, etc.)

Take turns sitting or using a doll as a model

Sit together

Add physical support

Help him to understand how long to sit ( sing a song, length of one song on tape, set timer to one minute)

As he/she begins to tolerate sitting, provide with entertainment

# Afraid of flushing



Allow to sit without removing clothes (practice only)

Allow to sit with toilet covered (cardboard under the seat, gradually cutting larger hole)

If strategies are helpful for sitting in other places, use in this setting also (timers, picture cues, etc.)

Take turns sitting or using a doll as a model

Sit together

Add physical support

Help him to understand how long to sit ( sing a song, length of one song on tape, set timer to one minute)

As he/she begins to tolerate sitting, provide with entertainment

# Overly interested in flushing

Physically cover toilet handle to remove from sight

- Give something else to hold and manipulate
- Use visual sequence to show when to flush





## Playing in water

- Give a toy with a water feature as a distraction, such as a tornado tube, glitter tube, etc.
- Use a padded lap desk while seated
- Cover the seat until ready to use
- Put a visual cue of where to stand

# Playing with toilet paper



- Remove it if it's a big problem
- Roll out amount ahead of time
- Give visual clue for how much, such as putting a clothespin on where to tear, or making a tape line for where to stop
- Try different materials (wet wipes, etc.)
- Take turns with a doll



## Bad aim

- Supply a “target” in the water, such as a cheerio, or commercial made flushable targets
- Add food coloring in water to draw attention

# Retaining when diaper is removed



- Cut out bottom of diapers gradually, while allowing student to wear altered diaper to sit on the toilet
- Use doll to provide visual model
- Increase fluids and fiber in diet

# Considerations



## Considerations

- ✓ Setting
- ✓ Who will be implementing plan?
- ✓ Time/resources
- ✓ Schedule
- ✓ Communication
- ✓ Materials
- ✓ Taking Data

# Who is doing what?



## Who will be implementing plan?

Ideal to get everyone on board

- Depends on availability/limitations
- Depends on willingness to participate

Effect on plan

- May have to start with only one person implementing, then include others when progress is made
- **Example:** First with ABA therapist, then once progress made, parents can try

# Who is doing what?



## Who will be implementing plan?

Ideal to get everyone on board

- Depends on availability/limitations
- Depends on willingness to participate

Effect on plan

- May have to start with only one person implementing, then include others when progress is made
- **Example:** First with ABA therapist, then once progress made, parents can try

# Schedule



## Schedule

### Bathroom trip schedule based on how often child voids

- Record approximately how often child voids in toilet/has accident
- Take to bathroom more often than average time between voids/accidents

### Length of sitting on the toilet

- Depends on child
- Often 30 seconds-5 minute, or until void occurs

# Schedule



## Schedule

More often after fluids

- More likely they will need to void sooner

Change schedule based on progress

- If accidents still occurring, take more often
- If accidents not occurring, take less often

Effect on plan

- Change how often bathroom trips occur
- May have to change schedule if time is limited

# Timing



## Time/Resources

### Bathrooms

- One or multiple
- How many other people will need bathroom?

### People

- Number of adults available
- Number of other children in care

### Effect on Plan

- May require you to change the bathroom trip schedule if time/resources limited

# Cue



## Communication

### Prompt to Request

Vocal

“Bathroom!”

Nonvocal



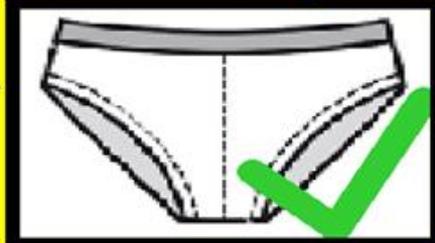
# Visuals

## Getting My Gadgets

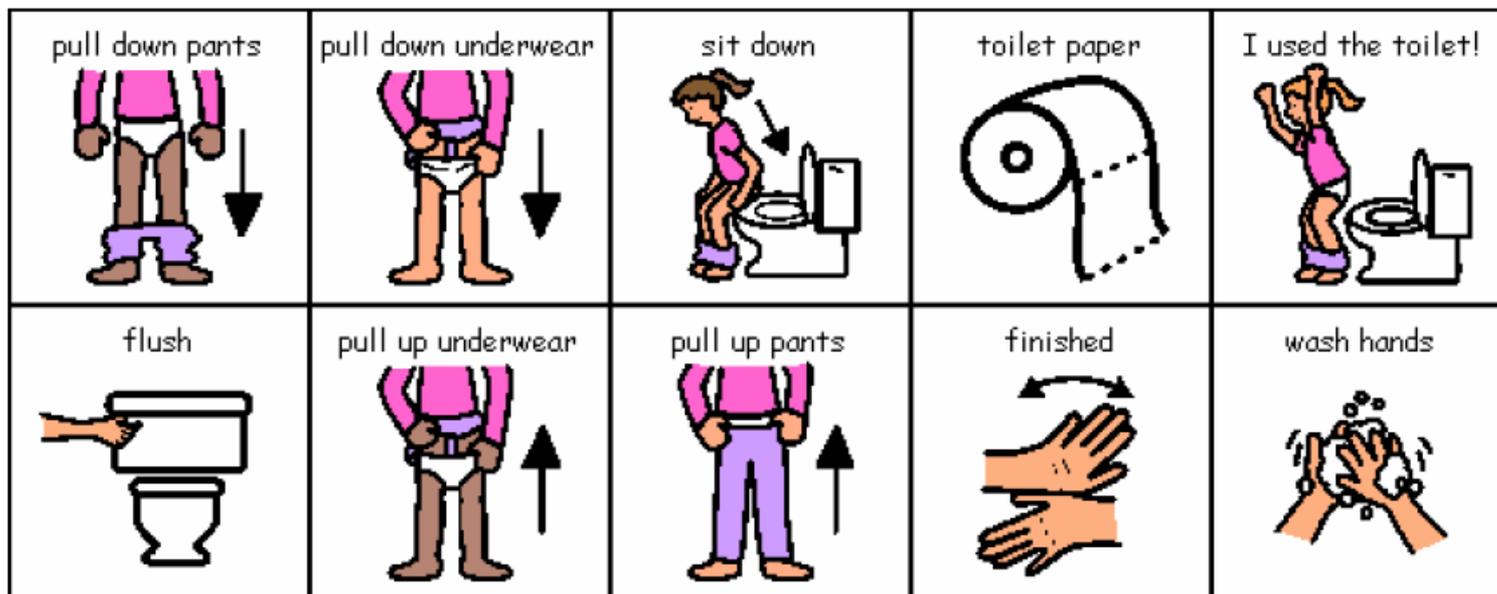
Big Poop



Clean Underpants



# Visuals



Girl Potty Schedule

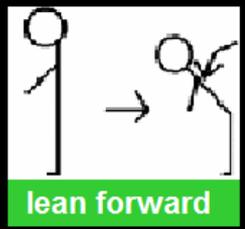
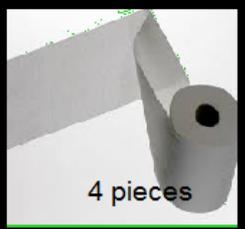
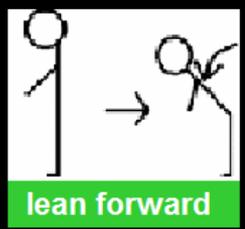
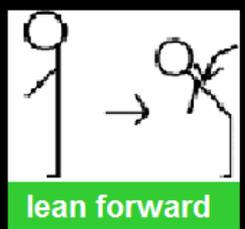
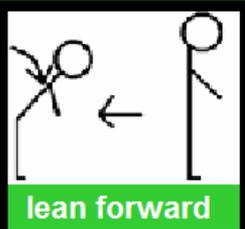
# Visuals

**How I  
clean**



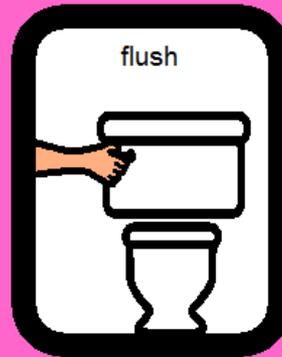
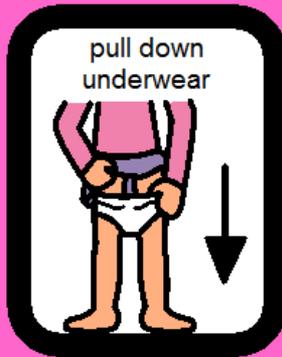
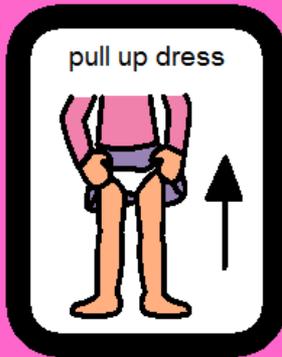
--	--	--	--	--

# Visuals

 <p>4 pieces</p>	 <p>fold the paper</p>	 <p>lean forward</p>	 <p>wipe</p>	 <p>finish when its clean</p>
 <p>4 pieces</p>	 <p>fold the paper</p>	 <p>lean forward</p>	 <p>wipe</p>	 <p>finish when its clean</p>
 <p>4 pieces</p>	 <p>fold the paper</p>	 <p>lean forward</p>	 <p>wipe</p>	 <p>finish when its clean</p>
 <p>4 pieces</p>	 <p>fold the paper</p>	 <p>lean forward</p>	 <p>wipe</p>	 <p>finish when its clean</p>

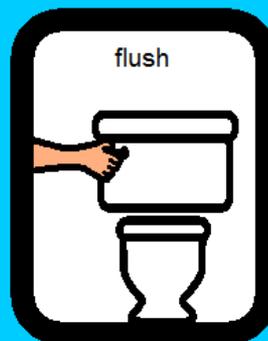
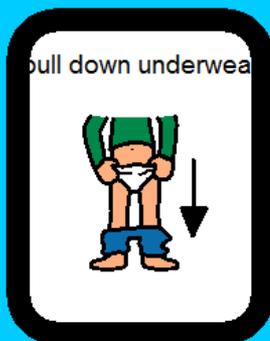
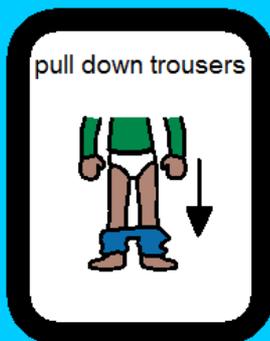
# Visuals

## Going to the toilet



# Visuals

## Going to the toilet

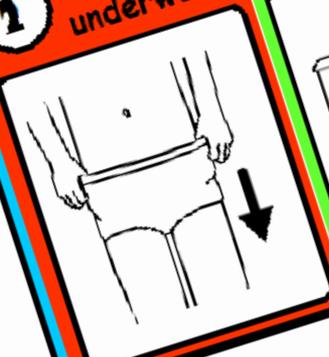


# Visuals

**Going to the Toilet**

Canor's Book

- 1 Pull down trousers**  

- 2 Pull down underwear**  

- 3 Sit down**  

- 4 Poo in the toilet**  

- 5 Flush the toilet**  


# Preparation



## Materials



Toilet/potty chair



Fluids (e.g., water)



Timer/clock



Data sheets



Potential reinforcers and visuals



Underwear, pull-ups/diapers



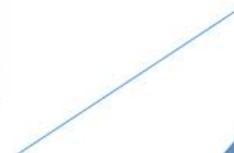
Change of clothes and wipes

# Prep

- \* Pick a target day
- \* Determine what is feasible
- \* Try to dedicate 2-3 days to jump start the program ☐ Limit activities outside the home
- \* Limit taking your child on car trips
- \* Perhaps get help for other children in the home
- \* Focus on toileting during the daytime first. Night time toileting training should only be considered after the individual becomes independent with daytime toileting.

# Pull ups VS. Underwear

- ▶ Wearing underwear instead of pull-ups or diapers can improve toileting performance (Greer et al., 2016; Tarbox et al., 2013)
- ▶ Underwear only during toilet training sessions and pull-ups/diapers when toilet training is not in place



# Potty VS Toilet

## \* Potty

- \* Plus: Less intimidating
- \* Minus: requires transition later
- \* Keep potty in the bathroom

## \* Toilet

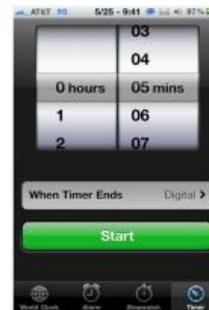
- \* Plus: they're everywhere
- \* Minus: children might feel less relaxed

# Timers



## Timer/Clock

- ▶ Keep track of when voids in the toilet or toileting accidents occur
- ▶ Reminder for next scheduled dry pants check or bathroom trip



# Reinforcers



## Reinforcers - Examples



# Reinforcers



## Use a Visual

- ▶ Visuals can help with motivation



# Data



## Taking Data

Fluid Intake

Dry/Wet

Time of bathroom trip, accidents, voids in toilet

Bathroom Initiations

Behaviors indicating child needs bathroom

Obtain report from other settings



# Data

Day & Date

## Food/Toileting Data Sheet

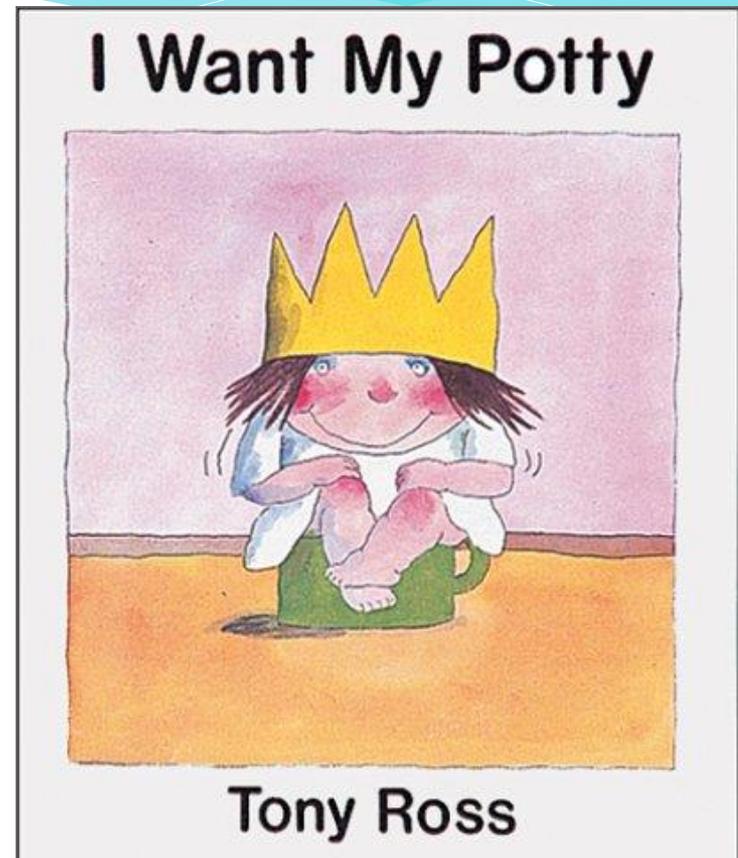
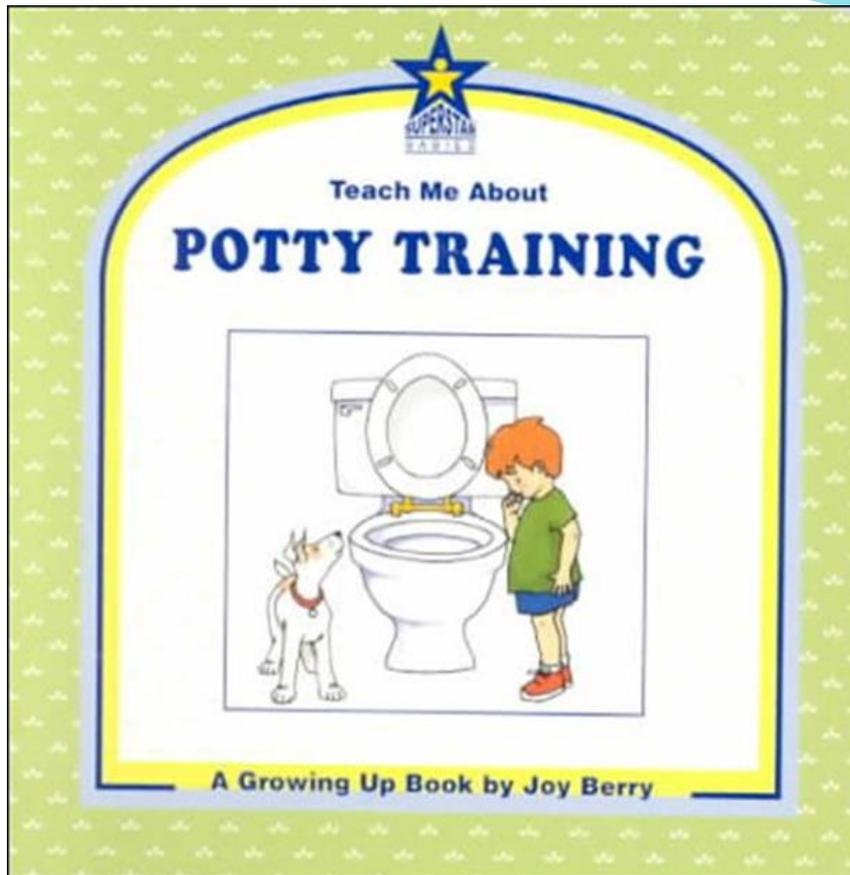


<b>Time</b> Time of eating or toileting	<b>Food</b> DESCRIBE FOOD TYPE, AMOUNT AND PRESENTATION	<b>Toileting</b> I.E. ACCIDENT, USE OF TOILET, URINATION OR BOWEL MOVEMENT, INDEPENDENT OR PROMPTED	<b>Liquids</b> DESCRIBE TYPE, AMOUNT AND PRESENTATION	<b>Behaviours</b> OBSERVATIONS BEFORE DURING AND AFTER EATING/TOILETING	<b>Environmental Issues</b> ARE ANY OTHERS FACTORS HAVING AN EFFECT ON BEHAVIOUR, I.E. SENSORY NEEDS, TIREDNESS, ILLNESS ETC

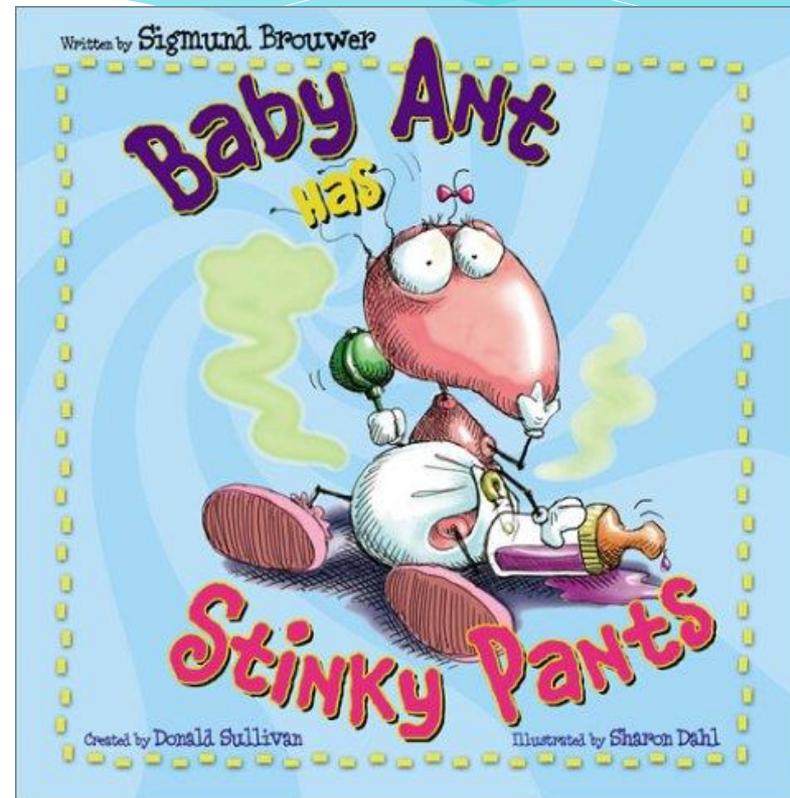
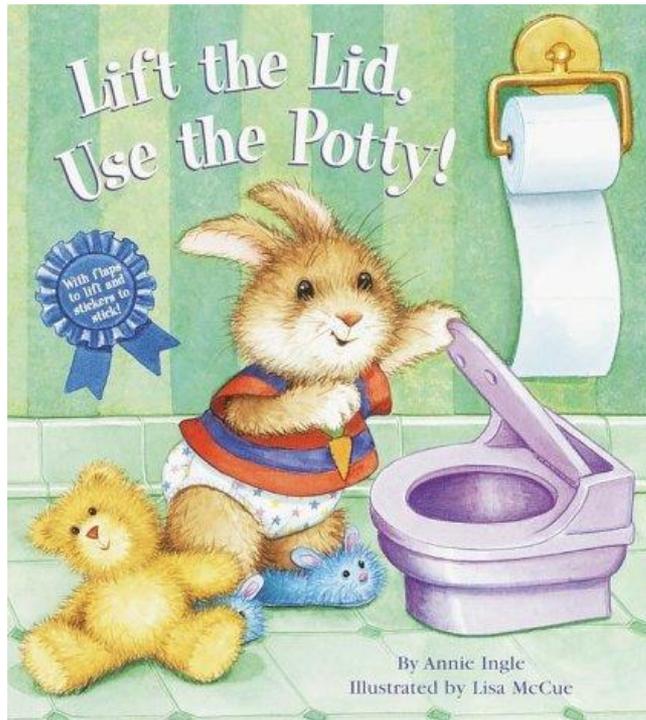




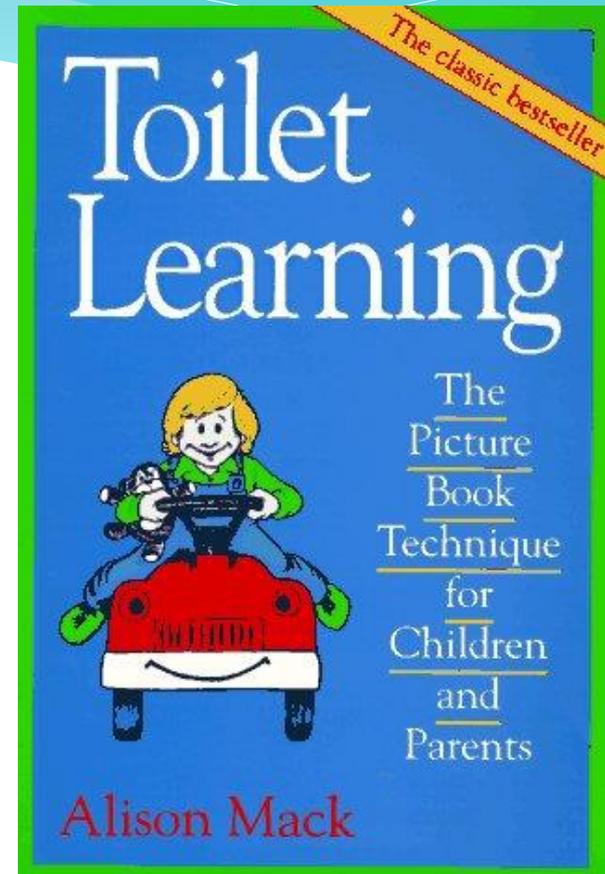
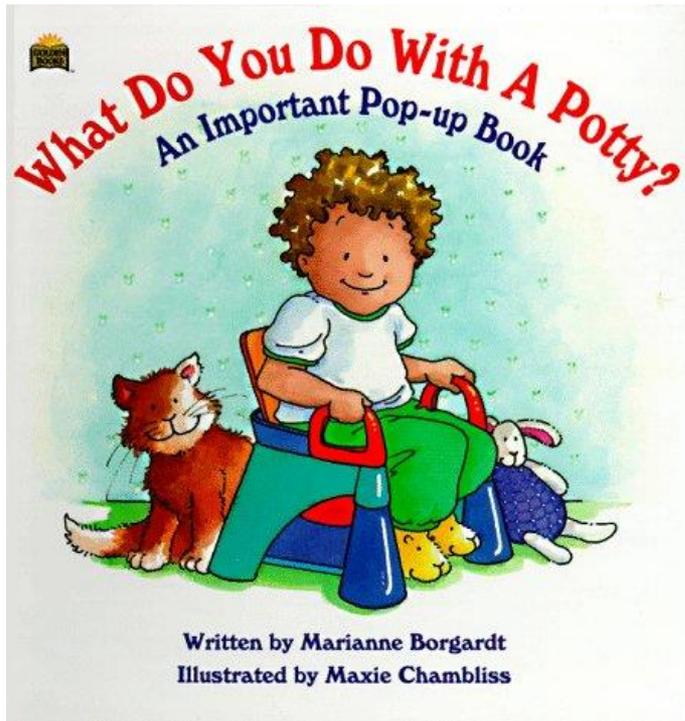
# Resources



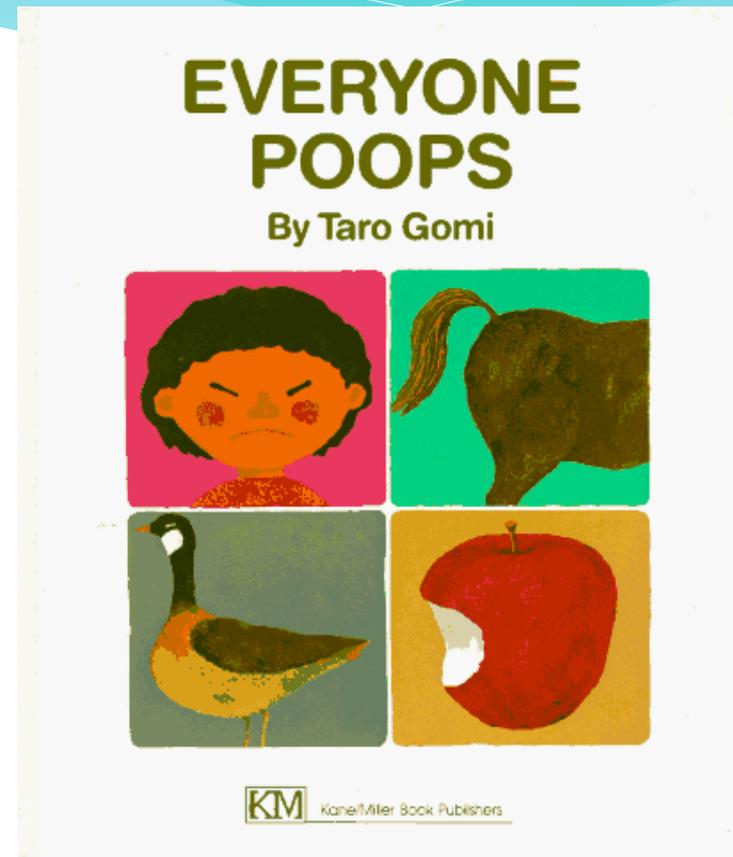
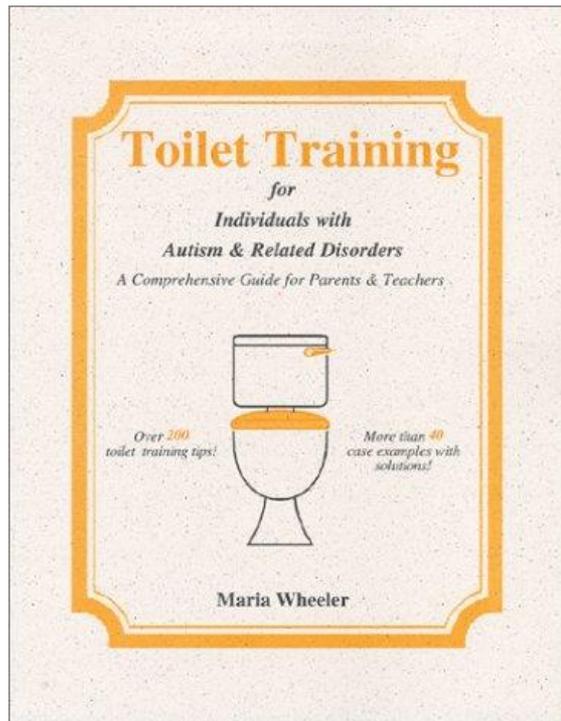
# Resources



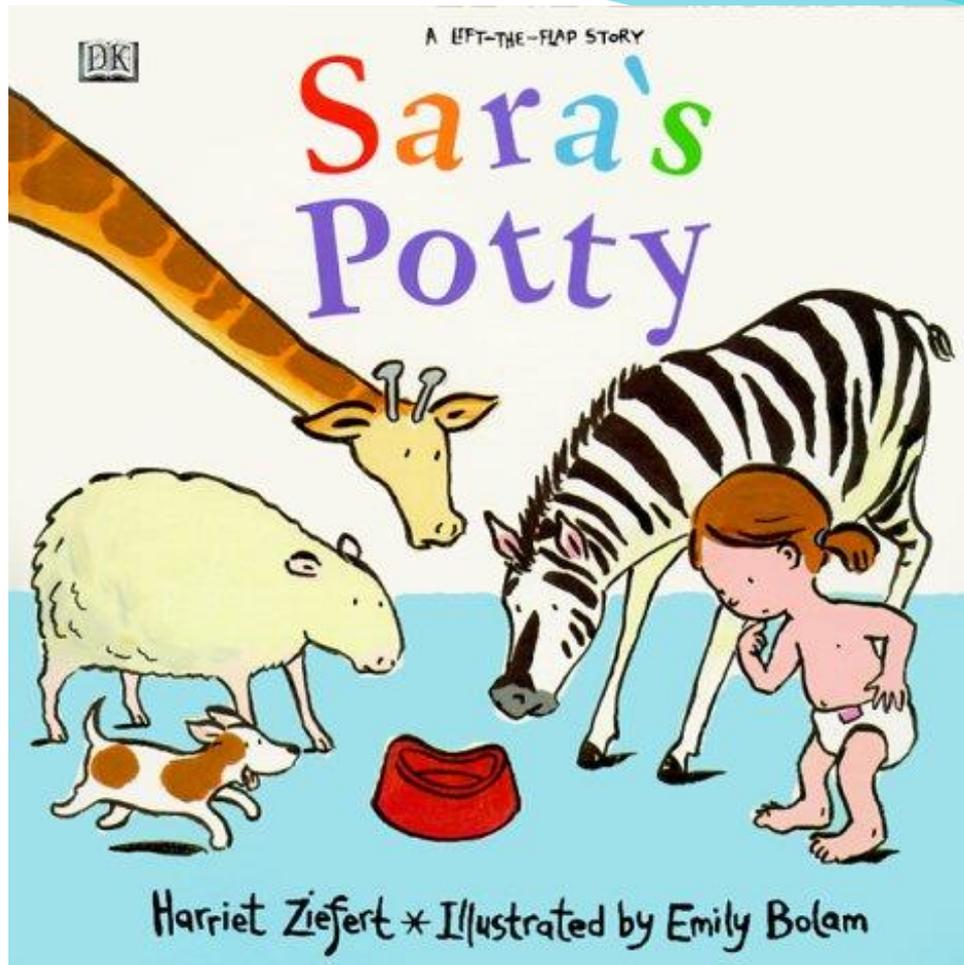
# Resources



# Resources



# Resources



# Check readiness

Have a clear plan

Give  
yourself  
time

Is there  
motivation

Contingencies

Get support

# Questions



# Behaviour Support Workshops

Week 1	<b>Introduction</b>	A brief overview of the workshops
Week 2	<b>Autism</b>	Understanding a diagnosis
Week 3	<b>Sleep</b>	Issues around Bedtime Routines
Week 4	<b>Visuals</b>	How to make them and use them
Week 5	<b>Prompting</b>	When to step in and when to step back
Week 6	<b>Rewards</b>	A look at maximising the effect of reinforcers
Week 7	<b>ABC</b>	How to record and interpret your child's behaviour
Week 8	<b>Communication/Sensory</b>	Is it sensory or is it behaviour, communication methods
Week 9	<b>Toileting</b>	Advice and Guidance on when and how to start

