

# Successful Toilet *Learning* for Children on Autism Spectrum

Bonnie McBride, PhD, BCBA-D, LBA  
Co-Director, Oklahoma Autism Center/OUHSC  
[bonnie-mcbride@ouhsc.edu](mailto:bonnie-mcbride@ouhsc.edu)

# When Should Toilet Learning Happen for Children with Autism?

- ▶ Children with autism can potty train at the same age as typical children (2 to 3 years)
- ▶ Caregiver readiness. Children with autism need a more systematic approach to toilet train successfully
- ▶ Child readiness. Readiness cues will often look different for a child on the autism spectrum

# Behaviors that indicate readiness:

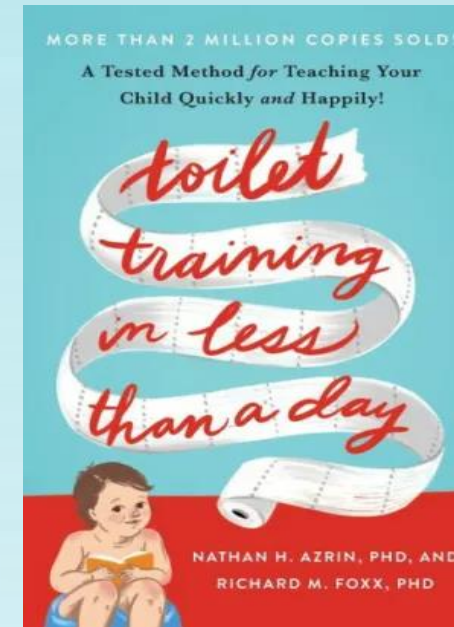
- ▶ Dry diapers for at least 1 ½ hours
- ▶ Taking off diaper, pull-ups or clothes when wet
- ▶ Hiding to have bowel movement
- ▶ Are caregivers ready?

# “Readiness” Behaviors That Help With Toilet Learning

- ▶ Is the child able to sit and attend for short periods of time?
- ▶ Does the child have activities he or she enjoys (looking at books, singing songs, watching videos)?

# Two approaches

- Trip-training – Method of developing bladder control by regularly accessing the toilet on “trips”.
- Pros: The approach is less stringent
- Cons: Can take longer & higher probability of accidents/set-backs



- Intensive Toilet Training (Azrin & Foxx method).
- Intensive day-long training sessions
  - Pros: Quicker results, less chance of accidents/set-backs
  - Cons: More labor intensive

# A Combined Approach: Advantages

- ▶ Establishes the target behavior (voiding in the toilet) more quickly.
- ▶ Allows the child to integrate back into daily routine as they continue to learn.
- ▶ Can individualize based on child's progress.

# Preparation is Important

- ▶ Gather materials needed
- ▶ Take data on patterns of elimination
- ▶ Identify caregivers/staff who are available to help
- ▶ Block time on the schedule to dedicate to toilet training (2 weeks)

# Materials you need:

- ▶ Cotton underwear
- ▶ Child's favorite drink
  - ▶ Limit access to favorite or "special" drinks 3-5 days prior
- ▶ Reinforcing items, activities, toys, edibles
- ▶ Stool for the child to rest feet
- ▶ Comfortable seating for adult
- ▶ Towels/Wipes for clean-up
- ▶ Timer/Clock



# Should I use a potty chair?



- ▶ Recommend using a regular potty with adaptations as needed.
- ▶ Stepping stool
- ▶ Removable potty insert

# Collect Elimination Data

- ▶ Record the number of wet diapers and the time of day for three days in a row
- ▶ Continue to record urination and bowel movements once the child begins toilet training program

# Elimination Record

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
7:00 AM	D		U		U									
8:00 AM	U		D		D									
9:00 AM	D		U											
9:30					U									
10:00 AM			D											
10:20	U													
11:00 AM			U		D									
12:00 PM	BM				D									

**D=Dry U=urinate BM= bowel movement U/BM- both**

# Phase 1

Phase I objective: Child eliminates in the toilet within a few seconds of being seated 3-5 consecutive opportunities.

Procedure:

1. He/she sits on toilet with *no clothing from waist down*.
2. Provide unlimited liquids of choice.
  - ▶ 6-8 oz every 20-30 minutes
3. Give social reinforcement/encouragement for staying seated.
4. When they void in the toilet, provide LOTS of reinforcement!
5. They are allowed to get off toilet and play near restroom for **10 minutes** with favorite activity.
6. Repeat procedure again.

# Phase 1 considerations

The child stays on the toilet and is only able to leave when they have voided

- Provide on-going reinforcement for staying seated. Reserve the favorite reinforcers for voiding in the toilet.
- It can take 30 minutes to 2 hrs. for first success in the toilet.
  - If longer than 2 hours, push more fluids
- Phase 1 is complete when child reliably anticipates voiding by looking for the urine flow and smiling or becoming excited when he has urinated.
- If he has an accident during the 10-minute interval, sit him back on toilet. When he voids and is taken off the toilet, make the interval of play 9 minutes.

# Phase 2

Phase 2 objective: Child urinates/BM when taken to toilet on a pre-determined schedule.

## Procedures:

1. Conduct dry pants checks periodically and reinforce
2. Establish a toileting schedule starting in intervals of 30 min and take child to toilet
3. Continue to offer fluids
4. Continue to collect data on voiding and accidents

# Phase 2 cont'd

## Procedures:

5. The criteria to increase time interval is 3 toilet successes and  $< 1$  accident (increase interval in 30 min increments until reaching 2 hours that child stays dry)
6. Establish a “school” or “home” routine schedule for trips to the toilet (i.e., when child awakes, when child arrives at school, before going outside, after meals etc.)
7. If the child has more accidents than success, you may need to go back to phase 1.



# Phase 3

Phase 3 objective: Child initiates toilet use by taking self to the toilet or asking to use toilet.

Procedure:

1. Teach a self-management system
  - Put a picture of potty on his schedule or communication book
  - Teach them a sign, picture, or word to initiate in other settings that can translate to all environments.
  - Provide supports for the child for when they need to urinate in strange settings like target.
    - ▶ (Examples, adaptive potty chair, potty cushion mom carries, etc.)





# Tips for Success



# Potential Roadblocks

- ▶ Use **regular underwear or training pants**. Pull-ups are hard for child to know if they are wet.
- ▶ Consider how your child will respond to transitioning from a “potty chair” to a regular-sized toilet. It might be easier to start with a regular toilet (use insert or stool for feet).
- ▶ Make sure **child is drinking enough** that they will need to urinate and track bowel movements, so you know when it is likely to occur.
- ▶ Identify objects or activities that can be used for “**celebrating**” **success**.
- ▶ **Accidents are a normal part of learning. Never shame, punish or reprimand child. A positive approach is better.**

# Common Problems and Solutions

P: Child will sit on toilet but will not void in toilet.

S: Child may not understand expectation or does not like the new feeling or sensation. Make expectation clear through pictures or stories and through actions.

- Have the child stay on the toilet until he/she has experienced 2 or 3 successes.
- Provide positive feedback (i.e., Yeah you did it!) Use a preferred treat or activity (something special that the child really enjoys) after the child voids to celebrate their success.

# Problems and Solutions cont'd

P: Child does not want to sit on the toilet during Phase 1

S: Child does not understand the desired behavior or is uncomfortable.

- Remain calm and neutral.
- *Do not discuss, insist or plead* with them to sit on toilet.
- Follow procedures and redirect or distract child to a new activity, drink or salty snack while seated.
- Deliver reinforcement for following procedure while on the potty.
- If behavior escalates and re-direction is not working provide a “break” picture and the child to stand-up but must stay in toilet area. Toys and fun are only when sitting on the toilet.



# Problems and Solutions cont'd

P: Child will void in the toilet but still has frequent accidents.

S: Child may understand what to do when on the toilet but may not understand how to keep pants dry in between.

- Dry pants checks every 5 to 10 minutes (Praise each time pants are dry).
- Follow a schedule to remember to take your child to bathroom when most likely to void (e.g. 30 min and increase in 30 min increments)
- Establish a routine for using the toilet rather than a time schedule

# Problems and Solutions cont'd

P: Holding urine or bowel for long periods of time.

S: Child may not like the new sensation of going in the toilet or they may be scared.

- Help the child relax while seated, read a story or other low key activity.
- Motivation is key. **Reinforcement needs to be immediate.**
- May need a visual reminder of what the child needs to do and what the outcome will be (something fun to do right away).

# Problems and Solutions cont'd

P: Child will go when parent takes them but does not ask to use bathroom or go on their own (initiation).

S: The child may not understand how to ask or realize they can go on their own or has become “prompt” dependent.

- Teach initiation by using a visual of the toilet or provide a model of how to ask just before you take the child. Respond as if they asked on their own, “OK, let’s go.”
- Implement intensive potty training (Foxx & Azrin) (Work in Progress)

# Helpful Resources

## State Resources

The Oklahoma Autism Center  
[AutismCenterOK.org](http://AutismCenterOK.org)

Oklahoma Autism Network  
[www.okautism.org](http://www.okautism.org)

Oklahoma Family Network  
[www.oklahomafamilynetwork.org](http://www.oklahomafamilynetwork.org)

[AutismOklahoma.org](http://AutismOklahoma.org)

Today's Therapy Solutions  
[www.todaystherapysolutions.com](http://www.todaystherapysolutions.com)

## National Resources

Autism Society of America  
[www.autism-society.org](http://www.autism-society.org)

Autism Speaks  
[www.autismspeaks.org](http://www.autismspeaks.org)

Indiana Resource Center for Autism  
[www.iidc.indiana.edu/ircaa](http://www.iidc.indiana.edu/ircaa)