



# No More Diapers!

Potty Training Children With and Without Autism



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## Introduction

My son, Lucas, was 5 years old when he was potty trained. You might think this seems extremely late, but Lucas has moderate to severe autism with limited language and a mild intellectual disability. Considering his disability, most parents and professionals in the autism community would consider potty training by 5 to be quite a feat!

I remember taking him to a school for children with autism when he turned 6 for possible admission for Kindergarten that fall. After asking me questions about his language, social skills, and problem behaviors, the teachers asked me questions about self help skills including dressing and toileting. When I reported that he was fully potty trained at 5 years of age for both bowel movements and urine and also was wearing underwear at night, they were shocked! With their mouths opened wide, the two women, who had worked at the autism school for years, asked how toilet training was accomplished. I told them we had a behavioral program set up for toileting and that, while it took about 6 months to accomplish, toilet training was one of the many goals Lucas accomplished.

Since I've been a Registered Nurse since the mid-80s and a BCBA since 2003, potty-training children with autism has always been a topic of high interest to me. When I published my first book, *The Verbal Behavior Approach: How to Teach Children with Autism and Related Disorders* (Barbera & Rasmussen, 2007), I included a chapter on potty training since I knew how difficult this was for so many parents and professionals. But since publishing my book, I learned even more about potty training so I decided to create this e-book all about potty training!

If you're having trouble potty training your child or clients or have some questions about this challenging subject, **YOU ARE NOT ALONE!!!**

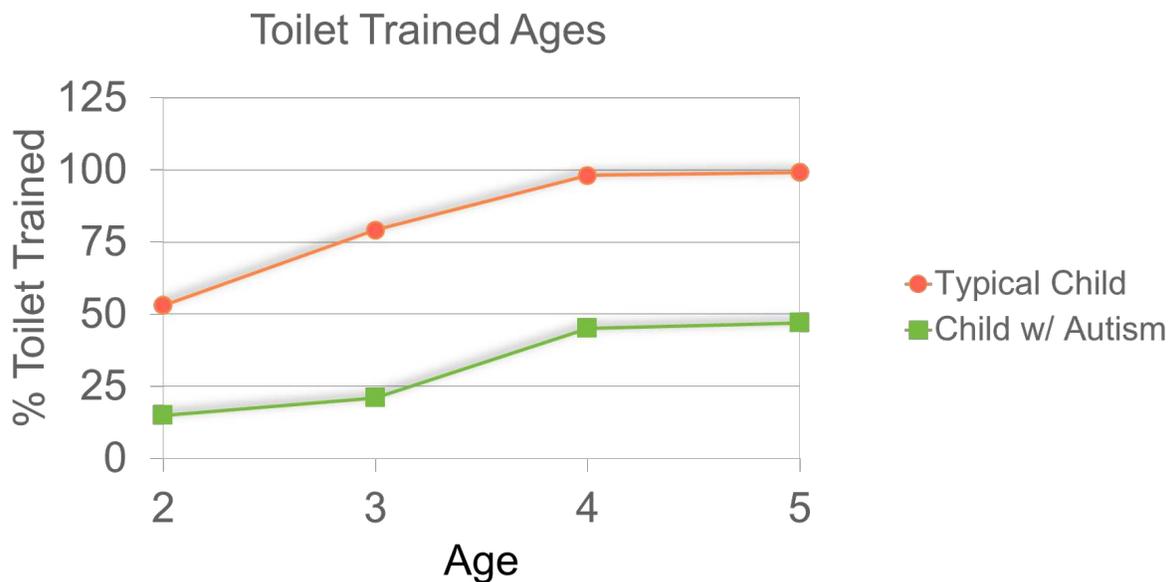
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And, if you're struggling with potty training a child on the spectrum, you're likely struggling with teaching other skills and reducing problem behaviors. In addition to reading this ebook, I invite you to consider joining my online course and community where you can get the help you need so that your child or clients can reach their fullest potentials. Find out more by attending a free online workshop at [marybarbera.com/workshop](http://marybarbera.com/workshop).

## How Big of a Problem is Toilet Training for Children with Autism?

In 2013, I generated and conducted an on-line survey asking parents and caregivers of children and adults with autism questions regarding toilet training and the effect it has on their lives. 208 parents or caregivers completed the survey within one week and here are the results.



### Parent/Caregiver Survey Results Conducted On-Line (January 2013)

#### Demographics

- ▶ 208 respondents
- ▶ 84% mothers
- ▶ Children ages 2-21+

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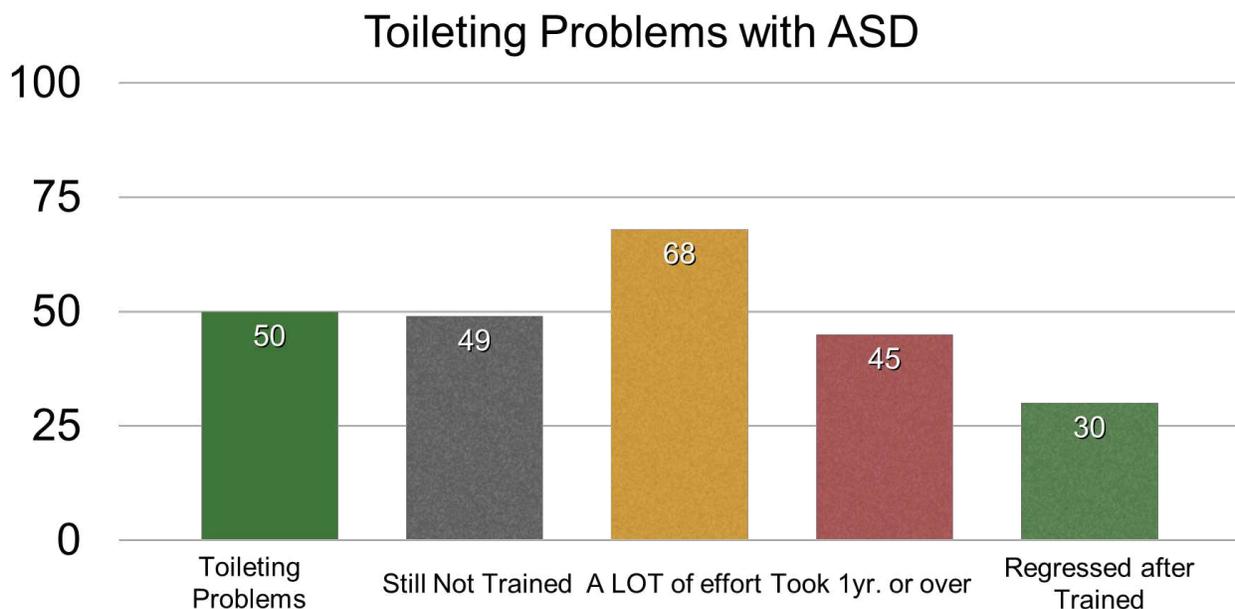
- ▶ 90% diagnosed with ASD
- ▶ 24.5% with intellectual disabilities

## Toilet Training Status

- ▶ 53% reported child completely toilet trained
- ▶ 44% of children toilet trained for urine between 3.5-4.5 years old. 16% never.
- ▶ 34% of children toilet trained for BM between 3.5-4.5 years old. 27% never.
- ▶ 40% night time trained
- ▶ 49% still not fully toilet trained

If we look at typical development, we see that most typically developing children toilet train between three and a half and four and a half years of age. By the age of four and five, almost 100% of typically developing children are toilet trained.

However, my survey shows that less than half of our children with autism are toilet trained by the age of four and five. This is a big gap! But why? Children with autism have difficulties with communication and generalization. It may also be due to the fact that many parents and professionals really do not understand how to teach children with significant disabilities how to be successful with toilet training.



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In our survey about half of the parents reported there were still toileting problems. Almost half said their children were still not completely toilet trained. 68% of individuals in our survey reported it took a lot of effort and a good percentage reported it took a moderate amount of effort. Very few parents said that the toilet training process took little time or little effort. 45% said it took over a year and 30% reported that there was some regression after the initial toilet training was complete.

Survey Results: Other Common Issues:

- ▶ Will only go in familiar bathrooms.
- ▶ Will take off all clothing before going.
- ▶ Will hold BM for days until they are constipated.
- ▶ Many hide when they have a BM or have fears of sitting on toilet with BM.
- ▶ 67% report never being fully independent on wiping clean after BM.

There was a section in the survey where parents could freely write comments:

*“This was the most difficult, yet most important life skill we have ever taught our son.”*

*“It is quite a difficult situation all together and we have spent countless hours and have had numerous sleepless nights. It has been nothing short of a nightmare. People don’t realize how lucky they are, unless they are faced with a situation as ours. I ask myself if it can ever be done?”*

## Research in the Field of Autism and Toilet Training

The classic article by Azrin and Foxx in 1971 published in JABA reported on incontinence as a major problem in the institutional care of the “profoundly retarded” adults that they worked with. They used nine “profoundly retarded” adults with an average age of 40 years who were not toilet trained and the goal was to get them urine trained during the day and it only took 4 days of systematic toilet training procedures to accomplish that goal. The literature review of peer-reviewed toileting articles within the past decades is limited to a handful of studies mostly done in clinic or school settings using modified versions of the Foxx and Azrin’s Rapid Toilet Training (RTT) model as a base.

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The original RTT model (and some of the subsequent studies) involves the use of two procedures, namely dry pants checks and positive practice that present ethical, philosophical, and legal issues. Therefore, I no longer recommend the RTT model without modifications. There are a few studies done with a modified RTT model that I'll briefly review.

In 2002, Cicero & Pfadt published a study called the Investigation of a Reinforcement-Based Toilet Training Procedure for Children with Autism. They conducted a literature review and designed a program that was more conducive to toilet training procedures within the school setting. They revised the Azrin and Foxx study and combined it with other studies to train three children with autism. Results showed that all three achieved self-initiated requesting to use the toilet without accidents within 7-11 days. The zero-accident rate was maintained over the following year for all three participants. They took baseline for 3 days and they counted urinary accidents and spontaneous requests. Once the baseline period was over, they trained in the bathroom for 5-6 hours per day with all instructional programs done at a small table and chairs outside the bathroom stall. To detect accidents immediately, the child wore only a t-shirt and underwear. There were three essential components of the Cicero & Pfadt study: training intensity, correcting accidents in progress, and functional communication. Cicero and Pfadt utilized several hours per day to increase optimum teaching opportunities, increased liquids, and had scheduled toileting every 30 minutes.

Unlike the Azrin and Foxx study where there was over correction and cleanliness training, Cicero and Pfadt prompted toileting at the start of all accidents. This is a change from Azrin and Foxx's method, which was considered more of a punishment procedure. At the start of any accident in the Cicero study they would simply say "No, no, you pee in the potty" and they would usher them quickly in a positive way to the bathroom. This reinforced the correct behavior rather than punishing the incorrect behavior. Lastly, functional communication was used to teach the children to request toileting right from the start of the study.

Leblanc and her colleagues, in 2005, published a study called Intensive Outpatient Behavioral Treatment of Primary Urinary Incontinence of Children with Autism. This was another excellent study on toilet training. Three 4-year-old children with autism participated in a multiple baseline across participants design study in both a home and school setting.

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Each child achieved continence between 12-27 days, and two of the three subjects eventually initiated most toileting. Throughout the study there are 12 levels to training. They started their study on a Friday at school with level 1. Level 1 started with 10 minutes on the toilet and 5 minutes off. By the end of day 1, the children progressed to level 6, which was 5 minutes on the toilet and 45 minutes off the toilet. This level was more attainable for weekends at home prior to the completion of all 12 levels. The children systematically progressed to level 12, which was 5 minutes on the toilet and 4 hours off and/or initiated all requests. This study utilized increased liquids, scheduled sitting schedule, positive reinforcement, an alarm, and positive practice. Positive practice is an over correction procedure – as soon as the child had an accident and did not finish on the toilet, they would take the child back and forth from the spot of the accident to the toilet 4 times in a row. All of these prompts and procedures were faded systematically to complete the toilet training process.

## When to Start Toilet Training

So why is toilet training important? Changing diapers and washing linens and all of the costs/time and most importantly for parents all the stress involved with toilet training and diapering and diaper accidents is one major reason why. There is probably not one other skill that's going to affect the family's ability to get a baby sitter, to go to the pool, to fly on a plane, to go to a restaurant and to be mainstreamed into the least restrictive environment. Toileting is a huge skill, and not being toilet trained is going to prevent the person from living in the least restrictive environment as possible.

Despite the great need for resources, there is not a lot of information about how best to toilet train. Many of our children consequentially view the bathroom and sitting on the toilet and even going into the bathroom as aversive. They've had numerous failed attempts at toilet training and parents are usually at their wits end by the time the child gets to a certain age, which creates a lot of resistance. The larger the child, the more resistance and aggression may be a part of the toileting process. If you're to that point with your own child or with children you work with, the first goal within toilet training might be that you have to pair up the bathroom and the toilet with positive reinforcement. You may need to gradually desensitize them to the prior aversion. This may be just having the child sit fully clothed on the toilet with strong reinforcement (watching an iPad) and then we slowly

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have them sit with just their diaper on then have them sit without their diaper on and just slowly and gradually and systematically re-pair the bathroom and the toileting routine. We want to get the child running to the bathroom (or at least going there without a fight) so they can use the toilet there.

When do we begin or re-start the toilet training process? Consider the child's chronological and developmental age. I believe that starting to pair the potty with reinforcement at 12-18 months is ideal and can be as simple as just pairing the bathroom and sitting on a small potty with good things. By starting young with pairing, the child will begin to realize that this is just a natural part of the routine, and good things result from being in the bathroom. If you wait until a child with autism is 3.5 or 4 years old and you start to try to abruptly potty train, it might result in more resistance.

The bathroom can be a scary place for a child, especially a child on the spectrum who may have more sensory sensitivities. The bathroom is a smaller, more enclosed room than the child is used to. Also, the floors, walls, sink, toilet, and shower/tub are all hard objects which can cause an increased amount of echoing sounds. Not to mention the scary sound when the toilet flushes! Our children with autism can easily become overwhelmed by things in the environment that we constantly overlook, so keep that in mind when you begin toilet training.

Start early if you can, but it's never too late. Foxx and Azrin suggest that by age 5 even children with severe intellectual disabilities can be successfully toilet trained. It is best to start early, but never fear, it is not too late to begin toilet training! Some may have heard of pre-requisite or readiness signs for potty training in typically developing children. These signs were first documented by Brazelton in 1999, and the signs are as follows:

1. Stay dry for 2 hours.
2. Regular BMs.
3. Can follow simple directions.
4. Demonstrates discomfort for soiled diapers
5. Pulls pants up and down
6. Requests to wear underwear and/or use the toilet

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But for many of our kids these pre-requisites aren't in place and may never be in place. Do not let your child's lack of these pre-requisite skills discourage you from beginning toilet training!

## Where Do I Begin Toilet Training?

Now that we know when to start... how do we begin?

A good place to begin toilet training after pairing the bathroom is to keep the child dry as often as possible by changing the diapers frequently. Up until now, having a wet diaper has felt normal to them. In order to teach them that being wet is uncomfortable you must first show them how comfortable and normal it is to feel dry. If the child is at a cognitive level where they're going to understand things like wet and dry you can create situations to teach them this distinction. Bring paper towels to your child, some wet and some dry, and teach them to feel and label them as wet and dry. Unfortunately, a lot of the kids who aren't yet potty trained do not have this ability to label wet and dry, or even clean and dirty, but it never hurts to show them the difference in paper towels every so often.

When you change your child from a wet diaper to a clean, dry diaper you should comment, "you're very wet." Do not smile, laugh, or be playful while you are changing the diaper. If there is stool in the diaper that is not runny, dump it in the toilet. Bring your child with you as you do this and tell them, "Poop (or whatever word you are calling it) goes in the potty, flush the potty, bye bye poop!" This will begin to show them that praise and fun times will not come from having a wet/dirty diaper, and also show them where the poop is supposed to go.

There are two times/two reflexes that control when people are more likely to have bowel movements. One is a reflex called the ortho colic reflex, which is within a short time after waking and standing up first thing in the morning. The other is called the gastro colic reflex and that is about 15 to 30 minutes after a meal. These might be times when your child has a bowel movement, but this is not a hard and fast rule.

Many children with autism also have GI issues and some are chronically constipated. This can cause major issues with potty training including wetting accidents and holding

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BMs. The book, *It's No Accident*, by a Pediatric Urologist, Dr. Stephen Hodges is a great resource for both parents and clinicians! Dr. Hodges has seen hundreds of children in his toileting clinic who have wetting accidents, UTIs, and problems with toilet training, especially night time training and BM training. He has found that these kids usually have one thing in common -- they are impacted and constipated. This book is a real eye-opener for parents and professionals alike!

To make toilet training easier, begin to write down when your child urinates and defecates. It is important to know the pattern of using the toilet so you can plan accordingly. Children should be having a bowel movement 1 to 2 times a day. If it's anything more excessive then that you may want to look at their diet. Before officially starting any potty-training program, to is a good idea to place your child on the potty in the morning and at bath time.

## Toilet Training Interview: Where and When to Start

Part of the toilet training procedure is answering some basic questions about the child. As part of this interview we're going to get some general information, relevant medical information, history of toileting issues, as well as the current situation and future goals.

### Selecting a Good Time to Initiate:

Choosing a good time to initiate toilet training relies on many factors in the life of your child. Look into the future when you prepare to initiate toilet training. A good time to begin is one where you and the child will be home often for a few weeks. Looking ahead 2-3 months, no planned stressful times should be occurring, such as the birth of a sibling or a move.

It is also not ideal to start with a child who is newly diagnosed with autism. At the time of a new diagnosis, you and your child will be dealing with many different and new situations. We need to first learn about the child's reinforcement and also develop some instructional control. By developing instructional control, we teach the child that complying with demands equals great reinforcement for them.

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Whether you are the parent of a toddler or a teen with autism who is not yet potty trained or a professional, you can find out more about helping children learn essential language and self-care skills and have fewer problem behaviors, you can attend free online workshop at [marybarbera.com/workshop](http://marybarbera.com/workshop).

A newly diagnosed child with autism will be learning how to sit at the table for brief periods of time to earn reinforcement, as well as requesting specific things that they like. Therefore, I wouldn't start an official potty training program until you begin language programming. However, you can still do all the previous early potty-training steps listed before to pair up the toilet and the bathroom at that time.

## How to Plan and Prioritize Your Toilet Training

- ▶ Select and Create Goals (that may just be pairing up the potty or the bathroom at this point and taking data on that pairing process).
- ▶ Create Toileting Plan and Procedures. (As part of your toilet training tool kit that I have available through my online courses there is a plan that is developed and we're going to talk about the components of the plan).
- ▶ Select Reinforcers.
- ▶ Create Data System.

### Consistency is the Key!

- ▶ Choose words to use (potty versus toilet, pee pee versus urinate, poop versus BM). If Mom says wee wee and we say pee it may be confusing for some kids.
- ▶ Prompts to initiate (have a prompt hierarchy). Which prompts we're going to use and how we're going to fade those prompts.
- ▶ Schedule procedures (how often is the child going to be taken to the toilet?)
- ▶ Reinforcers (withhold them for only toileting).
- ▶ Consequences (what are we going to say or do when the child has an accident?)
- ▶ Data sheets.

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## Materials

My toilet training plan provided in my online courses involves a checklist to make sure everybody is on the same page in terms of the schedule, the reinforcements and the data. So what materials are you going to need?

First, we're going to need a potty or a toilet. If it's a child that's more than 50 pounds it's probably not conducive to having a small potty but I like the Fisher Price Frog potty for young children. I like this potty because there's not a detachable pee guard which tends to get in the way and be a problem. The child sits pretty low and it has a built-in pee guard and it can be used for both boys and girls. If the child is over 40-50 pounds or the family doesn't want to use a small potty you're going to have to use the regular toilet. Some people use the insert toilet seats.

You can also get a three-in-one potty training seat which involves a step stool built into a ring that sits right on the toilet. If you're going to use any kind of toilet alarm, there are a couple available. There was one used in the Leblanc study which you can get called the Wet Stop 3. You're going to have extra liquids around which we will discuss further later in the ebook. Pull-ups or Pull-up type diapers are better than regular diapers. I also like the Pull-ups that have a character on the front that changes colors if the child pees. It's a good way to visually inspect what's going on inside the pull-up. You'll also need some type of reinforcer whether that is stickers or candy or both. A timer and schedule sheets with a clipboard are some other things you'll need.

## Choosing Reinforcers and Additional Tools

Using Books, Videos, Social Stories, Dolls, Video Modeling, If Appropriate.

Once upon a Potty – Comes with a DVD, doll and little potty.

- ▶ Make social stories or videos with pictures of familiar bathroom, people, etc..
- ▶ Books.
- ▶ Use stuffed animals or dolls to demonstrate.
- ▶ Apps (one that I like is called Potty Time. You can download for free on an iPhone or iPad).

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Rewards need to be:

- ▶ Immediate
- ▶ Self-terminating (basically they disappear – like small pieces of candy or bubbles)
- ▶ Tangible (most kids are not going to respond to stickers immediately)
- ▶ Motivating to the child (think out of the box if you need to and make sure it's something you can control)
- ▶ Only accessed for toileting

Diapers, Pull-Ups, or Underwear:

- ▶ Underwear is best but not practical for school or even home if having lots of accidents. Underwear should be used after 80%-90% success.
- ▶ Underwear with pull-ups on top or waterproof pants on top can work.
- ▶ Pull-ups or diapers at night (or during naps) are fine to use until fully trained during the day.
- ▶ If the child is wearing pants, make sure they are elastic waist pants such as sweat pants.
- ▶ No buttons, snaps, zippers, or belts. I also recommend that you get the pants a size or two larger. It's easier for the child to manage pulling up and down their own pants if they are a little bit on the big side vs. the snug side.
- ▶ Teach the child to pull down his pants to his ankles. Do not let the child get into the habit of removing his pants entirely.

## Encourage Independence.

The child should be encouraged to be as independent as possible with pulling down/up pants, wiping, and hand washing procedures.

## Types of Toilet Training

### Mary's Three Steps

1. Steady consumption of liquids (2-4 oz. per hour) (up to 8 oz. per hour for an adult sized child or an adult).
2. Scheduled toileting with reinforcement.
3. Take data.

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## Step 1: Extra Drinks:

- ▶ Check with MD to verify how much liquid is acceptable (especially for a child with other medical conditions).
- ▶ The child should be given extra drinks to allow more opportunities for toileting during the training period.
- ▶ A steady consumption of 8-10 cups/ day should be the goal.
- ▶ If the child is not a big drinker you can get liquids other ways by using fruit such as watermelon and popsicles.

## Step 2: Scheduled Toileting with Reinforcement:

- ▶ This should happen at least 1-2 times/hr.
- ▶ Tell the child “it is time to go to the potty or bathroom.”
- ▶ Have them say or sign “potty” if possible and take them.
- ▶ If child is on an every hour schedule for example and does not void, part of plan should be go again in 15 or 30 min. Another important consideration is that the schedule needs to be fine-tuned based on how much success a child’s having.
- ▶ The toileting schedule needs to be faded systematically. (If the child is on a 45 min. schedule for three days with no accidents, then you can move the time to an hour and so on and so forth)
- ▶ Once the child starts initiating and requesting to go to the bathroom with words, the sign, or picture, the toileting schedule should be dropped or significantly reduced (every 3 or 4 hours).
- ▶ The child should receive reinforcement if he urinates or has a BM.

## Step 3: Data Recording:

- ▶ You will need to record all successful trips to the potty as well as urine or BM accidents
- ▶ This will help indicate the length of time between urination as well as the usual times for BM’s
- ▶ Another item that some find useful to record is the amount of liquids the child consumes at given times. Especially if the child is not a big drinker or if the child wants to guzzle a lot of liquids all at the same time
- ▶ Keeping data will help you measure the success of your toileting program
- ▶ Data sheets should be sent to school and home so the total program can be assessed. There has to be a lot of good communication going between the home and school.

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- ▶ Included in my toilet training toolkit, which is part of my online courses, there are data sheets available for you to use. These data sheets are just to be used as a guide. You can take the contents and make your own data sheets.

## Other Techniques

- ▶ Picture schedules may be successful with some children.
- ▶ Teach to lean forward while on the toilet or give gentle pressure to the lower abdomen.
- ▶ Creating a relaxing environment within the bathroom. (So the child will be more likely to sit still on the toilet for a period of time)
- ▶ A step stool might be helpful.
- ▶ Some children like underwear with characters on them.
- ▶ A timer or children's alarm clock.
- ▶ The sound of running water.
- ▶ Let them play with warm water in a bin while they are sitting on the potty.

## 'In the Bathroom' (Intensive Toilet Training) Method and Initiations

The "In the Bathroom Method" involves a series of phases where you systematically go from more time sitting on the potty and alternates with sitting on a chair inside the bathroom or directly outside. During intensive potty training, the child is given more liquids and the child remains in underwear which is checked frequently (at home) or a potty alarm is used (if at school/clinic). And of course, the child is given lots of positive reinforcement for sitting and peeing!

The schedule usually starts out with the child sitting for 10 minutes on the potty then 5 minutes on a chair with 4-8 oz of fluids per hour. Once the child is having success and staying dry, you can progress with 5 minutes on the potty and 10 minutes then 15 minutes on the chair. The fluids can be decreased too as the child is peeing on the potty and staying dry on the chair.

No matter what system you use though, the schedule and the liquids need to be faded. You also are going to need to fade the alarm if you're using one. The child is going to also

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have to learn to accept and tolerate (without accidents) wearing clothing over his underwear. And, if you are using a small potty, you're also going to have to get the child to eventually transition from the small potty to the regular toilet. These are all prompts and conditions that need to be adjusted with the more success you see.

Teaching self-initiations:

- ▶ Look at the communication system (verbal, sign, pictures)
- ▶ “It’s time to go bathroom”, prompt the child to sign, say or hand picture of potty
- ▶ Before entering the bathroom or before sitting on toilet, stop the child and say “Where do you have to go” ... Prompt “bathroom” if necessary (This gives more opportunity to practice)

Once the child is going on the potty and staying dry on a schedule and self-initiating, there is usually more work to do too! You’ll need to work with the team to:

- ▶ Eliminate the schedule
- ▶ Eliminate questioning “do you have to go potty”
- ▶ Remind/schedule only as you would any young child (before long trips, before getting dressed in the morning if he doesn’t initiate, etc.)
- ▶ Use reinforcement for using the toilet independently or for asking for potty (fade out as appropriate)
- ▶ Continue to work on communicating need to use the bathroom when in the community
- ▶ Continue to teach other skills involved in toileting such as hand washing and wiping
- ▶ Work on bowel training and night time training

## Bowel Training and Wiping

- ▶ A child who is bladder trained may begin to have BM’s in the toilet the same time he urinates.
- ▶ A child who has a BM by accident in the toilet should receive an extreme amount of reinforcement.

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It's Messy Business:

- ▶ Since it's not recommended that the child wears diapers or pull-ups after they are bladder trained, bowel training becomes a messier problem.
- ▶ Make sure reinforcement is very high for BM's on the toilet.
- ▶ Even if he finishes pooping on the potty, use positive practice.
- ▶ If the child holds BM's for longer than 2-3 days talk to your doctor about giving him/her a suppository every two to three days.

The Unmentionable: Wiping:

- ▶ 67% of parents reported that wiping continued to be a challenge dent.

**Start teaching right away!**

Wiping is something that I know as a parent and a professional in the field, that tends to be a big issue but that has not up to this point been reported in the literature that I reviewed.

Teach all steps, here is one way:

1. Get 5-6 squares and bundle/fold.
2. Wipe from front to back.
3. Look at the paper to see if clean.
4. Toss dirty paper in toilet.
5. Repeat until paper is clean.
6. Flush and wash hands.

For our kids who are not toilet trained following these steps would be impossible.

But... Wiping is Usually More Tricky:

- ▶ Girls should wipe front to back to avoid E-Coli from entering vagina and/or urethra.
- ▶ Boys don't have those same physical concerns so it may be more practical and easier for boys to wipe through their legs and go back to front.
- ▶ It is difficult to teach "wipe until clean" which involves a lot of conditional discrimination.
- ▶ Can do fluency trials... pull to knee, fold, fold, wipe (1-2-3 drop in toilet, repeat proce-

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dure).

- ▶ Boys can also have difficulty learning when to wipe (for BM's) and/or learning to stand for pee, sit for poop
- ▶ Address wiping in the plan (how much TP, front to back, through legs, etc.).

## Nighttime Training

After the child is fully day time trained, you can proceed to night time training. If your child wakes up dry each morning for 5 or more nights in a row, do not put diapers or pull-ups on at night.

If nighttime wetting persists:

- ▶ Encourage liquids in afternoon not in the evening.
- ▶ Limit fluid intake in the evening.
- ▶ No liquids within 2 hours of bedtime ... or just sips.
- ▶ Have a regular bedtime and wake time (including weekends).
- ▶ Toilet child if he awakens in the night.
- ▶ Toilet IMMEDIATELY upon waking in the morning.

\*If behavioral techniques are unsuccessful, contact your doctor. Some kids, especially boys, have problems with nighttime wetting that persists to age 8-9 and so there are two different medications for urinary incontinence at night that may need to be tried. Also, as I mentioned earlier, Dr. Stephen Hodges who wrote, *It's No Accident* has studied many children with night time accidents and feels that constipation is usually the culprit.

## Toileting Accidents After Training is Complete

An occasional accident can happen to any child. Rule out medical problems, dietary changes, medication changes – these can affect toileting. The child might be scheduled or prompt dependent. This is the problem that I see with regression most of the time. It happens where the child is doing fine and requesting to go to the toilet then they go to a summer school program or camp or a new classroom in September and all of a sudden that teacher has everybody go on a two hour schedule so the child then stops requesting and then they fall into needing reminders and not being independent. You don't want to

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over ask. If the child is going to a new classroom you want to make sure that there are going to be opportunities for the child to initiate and request on their own without being on a schedule.

## Training Plan Wrap Up

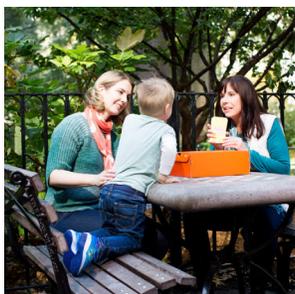
How long will the process take?

Days, weeks or months. Not years... You'll need a coordinated/data driven approach in order to help kids toilet train as quickly and as easily as possible.

As with any other behavior we want to change, we need to assess, plan, intervene, and take data on that intervention and we need to make data-based decisions based on what goal we want to meet. Toilet training is a behavior just like any other behavior. It's important that we use the tool kit and use the information that I provided today to help you assess, plan, intervene, take data and make those data-based decisions.

**Ready to get your child or clients potty trained with potty training videos and a potty training toolkit?**

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**This course is part of my mission to change the lives of children around the world by introducing proven ABA strategies to parents and professionals alike. For more information on my approach and online courses, you can order my recently published book, [Turn Autism Around](#), and get started on the right path for your child or clients.**

# No More Diapers!

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