

TARGETING THE BIG THREE

TOILET TRAINING CAREGIVER MANUAL

SUMMARY

This training offers hands-on instruction for parents, caregivers, and direct care staff to address the most frequent and problematic areas of daily living for many individuals with autism spectrum disorders (ASDs) and other developmental disabilities. The curriculum is based on the principles of applied behavior analysis (ABA) and focuses on developing the specific techniques and skills shown to be successful in these areas. This program provides training the management of toileting behaviors. Caregivers will attend a series of weekly sessions in which they will learn new methods of observing and recording problem behavior, how to implement techniques to change behavior, and how to track progress. Throughout the program, participating parents and caregivers will be expected to collect and submit data related to their experiences in implementing behavior management techniques. At the conclusion of the program, the trainers will provide follow-up consultation with individual caregivers and staff as needed.



Disclaimer

This curriculum contains guidelines designed to provide a useful “how to” manual to address specific problem behaviors that often interfere with activities of daily living for individuals with ASD and other developmental disabilities. It is not intended to be a “one-size-fits-all” training program. This curriculum, while focused on behavior management, may also deal with health and related medical issues for the individual whom you are providing care. Please note that this curriculum is not intended to supplant any in-person behavioral consultation or medical examination that may be necessary to appropriately meet the needs of the individual presenting with problematic behaviors. Always seek the advice of a professional with any questions you may have before using the curriculum.

If you haven't already done so, locate a competent behavior analyst or other behavioral health professional trained in these areas for individuals exhibiting severe and chronic problem behaviors (see www.bacb.com for a registry of board certified behavior analysts). OPWDD expressly disclaims any and all responsibility for any liability, loss, or risk, personal or otherwise, which may be incurred as a consequence of the use and application of any of the guidelines included in this curriculum.

The information I receive as a result of this training is for educational purposes only. No information provided is intended to diagnose or cure any disease or condition. All guidance and training given should be considered as advice.

Signature

Date



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Session I: Introduction

Applied Behavior Analysis and Toilet Training Overview

1. Program Overview

This program has been designed for parents and caregivers of individuals diagnosed with autism spectrum disorders (ASDs) and other developmental disabilities. The goal of this program is to offer caregivers a behavioral curriculum that addresses three targeted problem areas: management of challenging behaviors, mealtime behaviors, and toileting.

The curriculum you will be taught is based on the basic principles of Applied Behavioral Analysis (ABA) and is designed to help caregivers to develop specific techniques and skills to utilize in the management of these three problem areas.

This four-week session will focus on teaching a proven approach to understanding and reducing toileting problems. The methods you will learn are based on well- documented, positive approaches to toilet training. The course trainer will assist you to develop a toileting data sheet to record the individual’s toileting schedule and to address his or her particular needs. Your diligence in collecting data related to toileting behavior will therefore be critical to successful intervention. Don’t be intimidated by this need for data. With the help of the trainer, you will find you can learn to collect, record, and graph data so that you can compare toileting behavior before and after toilet training and in this way, track progress behavior.

Program Sessions

<p><u>Session 1</u></p>	<ul style="list-style-type: none"> • Get to know the individuals you care for • Introduction to Applied Behavior Analysis • Toilet Training Overview • Define the specific target behaviors you want to improve • Set realistic goals • Collect and graph baseline data on toileting behaviors
<p><u>Session 2</u></p>	<ul style="list-style-type: none"> • Review baseline data • Learn how to determine the preferences of the individual you care for so that you can later use these preferences (either specific foods, toys, or favorite activities) to motivate behavioral change • Learn how to work with an individual using a three-step guided compliance model that allows you to offer just the right amount of help to the person you care for as they learn.
<p><u>Session 3</u></p>	<ul style="list-style-type: none"> • Review results of preference assessments • Toilet Training Guidelines • Toilet Training Techniques • Collect and graph data while toilet training
<p><u>Session 4</u></p>	<ul style="list-style-type: none"> • Learn how to teach individuals with limited communication skills more effective and functional communication strategies • Review results of toilet training techniques • Use the data you have collected about the individual you support to modify or enhance toilet training strategies if needed • Participate in feedback and consultation with trainer • Plan for additional follow-up consultation with trainer

2. Caregiver Commitment

Each of you is here to learn information and acquire new skills to assist you in providing care for individuals diagnosed with ASDs and other developmental disabilities. Participation in this type of program requires a dedicated commitment to the learning process. You will be required to learn new terms and concepts, to collect and record data about toileting behavior, and to implement the techniques demonstrated in class with the individual for whom you care. The program will not work for you if you do not complete the homework. The trainer will help you break down your learning and tasks into manageable sections, so that you will feel successful throughout the training program.

Please take a moment to think about your commitment to the program, your willingness to complete and return required data collection homework assignments, and your ability to attend all training sessions.

3. Description of the Individual

Before moving ahead to the specifics about toilet training, take some time to think about the individual for whom you provide care. Please record your responses below and if comfortable, share with others in group discussion.

- Describe the individual's strengths:

- Describe the individual's areas of challenge (not just those related to toilet training):

- Describe past toilet training experiences. Include positive and negative aspects:

- How does the individual communicate? Please list all communication methods currently in use and/or describe the individual's ability to express him or herself.



4. Introduction to Applied Behavior Analysis (ABA)

Applied Behavior Analysis is a branch of psychology which focuses on the application of the science of behavior. It is commonly referred to as “ABA.” ABA has been studied extensively and is considered by the majority of clinicians and researchers to be the most effective, evidence-based, therapeutic approach for helping individuals with ASDs and other developmental disabilities gain the communicative, social and behavioral skills they need.

Applied Behavior Analysis uses a mixture of psychological and educational strategies to evaluate the unique needs of each individual. ABA provides the format to measure behavior, determine the purpose or function of behavior, teach functional skills, and evaluate progress objectively. It breaks down behavior into small parts so that individuals with ASDs and other developmental disabilities can learn and accomplish things much easier. ABA provides abundant positive reinforcement for appropriate, desirable behaviors and withholds reinforcement for problematic or undesirable behaviors.

A great deal of material will be covered throughout this four week program. One of the primary goals of this program is to teach you how to use ABA. The trainer will help you learn specific ABA techniques to understand and improve the behavior of the individual you care for so that by the end of this program, you will be confident and successful in addressing his or her toileting problems. It will take continued focus and practice to see long-term changes. We encourage you to remain committed to the program. With that commitment, it can and will work for you and the individual for whom you provide care.

5. Toilet Training Overview

Toilet training is a rite of passage that parents, caregivers, and children typically pass through when youngsters are between the ages of 18 months and 3 ½ years. Even for individuals *without* autism spectrum disorder (ASD) or other developmental disabilities (DD), toilet training can present both the caregiver and youngster with obstacles to immediate success. Nevertheless, most children without ASDs and other DDs are successfully toilet trained. Individuals with ASDs and other DDs may face even greater obstacles with toilet training than persons without ASDs and other DDs. This may be due in part to the individual’s problems with communication, social interaction, sensory sensitivity, or making changes. In addition, experts suggest that failures in toilet training may also be due to incomplete training and inadvertent reinforcement of incontinence by caregivers who give the individual a great deal of attention in response to soiling.

Amongst the ASD and DD community, toileting is a frequently discussed concern for caregivers. Managing an individual’s toileting doesn’t get easier with the individual’s age. The longer one delays toilet training, the longer it will take to achieve continence, and the longer the individual will depend upon caregivers for toileting needs. Moreover,

for older individuals, past failures to successfully toilet train may extend the time it takes for them to master new toileting skills.

Most caregivers will experience a great deal of stress associated with attending to the incontinent individual's toileting needs. This stress may increase as the individual gets older. In fact, failure to gain bladder and bowel control is one of the most frequently cited reasons for intentional abuse or injury to children, second only to crying. Given the societal emphasis on continence, it is important for caregivers and clinicians to learn about appropriate and effective procedures for treating incontinence, and teach adolescents and young adults with ASDs and other DDs effective toileting skills.

To prepare to train the individual you care for, take some time to reflect on their current toileting skills and any past experience in toilet training. Record your answers to the following questions.

- Describe the individual's current toileting behavior.

- Describe any experiences you've had with toilet training the individual for whom you care. Include positive and negative aspects:

- At the present time, does the individual have any routines associated with toileting? If yes, describe.



- Have you done toilet training with an individual without ASD/DD? If yes, describe any differences and/or similarities in this experience as compared to your experience with the individual with ASD/DD and what you think may have contributed to these differences (e.g. communication difficulties, sensory difficulties, etc.)

- What will successful toilet training mean for you and the person you care for?

In addition to reducing caregiver stress, there are other benefits to successful toilet training the individual for whom you provide care. Some of these benefits are:

- Caregiver will spend less time and effort changing and cleaning the individual
- Caregiver will save on costs associated with diapers and personal hygiene products
- Individual may experience decreased skin sensitivity and irritations
- Individual will experience increased levels of independence
- Individual will have more time to engage in other activities
- Individual will have increased pride and dignity

It is the goal of this program to help you learn to observe and record toileting behavior and to teach successful toileting skills to the individual for whom you care.

6. Setting Realistic Toilet Training Goals

Setting goals allows us to objectively measure progress toward an identified desired outcome. It also allows caregivers and parents to ask themselves, “What toileting improvements would really make the greatest improvements in our lives together?” It allows them to identify what really matters. For instance, in the beginning, it may be more important to focus on reducing toileting accidents from 5 to 2 per day, than to focus on eliminating all accidents.

Being realistic at the outset is crucial because it can help parents and caregivers appreciate that they are making positive changes in their lives and the lives of the individual they care for. Making sure the goals of an intervention are realistic means that they are achievable. Being realistic keeps the picture positive as it focuses attention on progress, rather than perfection.

7. Identifying Additional Target Behaviors and Setting Behavioral Goals

Prior to beginning toilet training, you should take time to understand *all* of the individual’s toileting behaviors *in addition* to her elimination patterns, e.g., communication about toileting, undressing/dressing for toileting, sitting on the toilet seat, wiping, and flushing. Some of you may find that the individual for whom you care masters elimination in the toilet without too much trouble. In this case, you will want to move ahead towards achieving greater toileting independence by chaining, or connecting, other behavioral goals to the individual’s use of the toilet. Others may find that consistent elimination in the toilet remains a challenge, and that, for example, teaching the individual to flush the toilet is a much less important behavioral goal to accomplish than continuing to help the individual become more consistent with eliminating in the toilet.

For this reason, some of your behavioral goals may be short term goals, and some may be part of a longer term process. Initially, you will want to place all of your focus on achieving elimination skills, or in other words, on helping the individual to learn how to get to the toilet and use it. After mastering that, you will then be able to work on additional skills that will help the individual achieve a greater level of toileting independence. Below is a list of tasks commonly associated with independent toileting that you may need to work on during the process of toilet training:

1. Entering the bathroom
2. Pulling clothes down
 - a. Allowing caregiver to pull pants down
 - b. Pulling pants down from calves by self
 - c. Pulling pants down from knees by self

- d. Pulling pants down from thighs by self
- e. Pulling pants down from hips by self
- f. Pulling pants down from waist by self
- 3. Sitting on toilet
- 4. Getting toilet tissue
- 5. Wiping with tissue
- 6. Standing up
- 7. Throwing away tissue
- 8. Pulling clothes up (can be broken down further into a progression similar to that for pulling pants down)
- 9. Flushing toilet
- 10. Washing hands (can also be broken down further into a progression)

In addition to “elimination in the toilet,” list 3 toileting behaviors you are concerned about for the individual (Target Behavior). List the Behavioral Goal that you would like to accomplish with the individual for each Target Behavior. Write your responses in the table below.

Target Behavior	Behavioral Goal
1.	
2.	
3.	

Do you have any questions about the Target Behavior- Behavioral Goal table? If you do, ask the trainer now.



8. Collecting and Displaying Data to Track Progress

In this section, you will learn how to collect, record, and graph data about the toileting behavior of the individual you care for. Essentially, you will record each time that urination or a bowel movement occurs. This data will establish the “baseline” for the individual’s toileting behavior. When you implement toilet training techniques later on in the program, you will then compare change (i.e., progress, no change, or decline) in the individual’s toileting behavior based on this baseline data.

During toilet training, frequent and consistent data collection allows for unbiased decision making. Taking data and graphing them before, during and after training will show whether the training is helping or not. It allows you to determine if an intervention has been helpful in improving toilet skills. Without carefully observing and recording elimination behavior, caregivers may not be able to tell if what they are doing should be continued or stopped.

The Baseline Toileting Data Sheet (below) should be used for recording information about the individual’s current elimination patterns. Knowing their daily/weekly patterns as well as their current abilities will help you determine how best to use the toilet training techniques with this individual. Collecting this data is an essential first step in a successful program.

- a. Please note how the Baseline Toileting Data Sheet is to be completed, paying careful attention to the following definitions of key terms:
 - In Column 3, “Successful Void in Toilet” refers to occasions when the individual urinated or had a bowel movement in the toilet.
 - In Columns 4 and 5, “Dry” or “Wet” refers to absence or presence of urine on the diaper.
 - In Column 6, “Soiled” refers to absence or presence of feces on the diaper.
 - In Column 7, “Self-Initiated” refers to 1) independent use of the toilet or 2) the individual indicated that she had to use the toilet (e.g., saying, tugging, pulling, using PECS or VOCA computerized communication devices to convey the need to use the toilet.) and successfully voided in the toilet when led to the bathroom.
 - Use Column 8 to record important notes, or observations.
- b. Once you have collected data, use the Toilet Training Graph (p. 18) to graph the number of accidents per day (i.e., select *wet*, *soiled*, or both).
- c. To determine the frequency and times at which an individual normally empties his bladder or bowels, you must do the following:



1. Check the diaper every half hour and record in the Baseline Toileting Data Sheet whether the diaper was dry, wet, or soiled. Plan to work with the individual for the entire day, e.g., 7am to 7pm. Use both the individual's and caregiver's "fatigue factor" as a guide to determine whether it is time to stop checking the diaper for the day.
2. Matter-of-factly tell the individual what you find by saying "Good job staying dry" or "You're wet/soiled". After a few days or a week of checking (or sooner if a regular pattern is evident), a regular voiding pattern should be evident. If the individual does not show a regular pattern, he may not be ready, or may have other health issues. Consider speaking to a physician.

Do you have any questions about how to use the Baseline Toileting Data Sheet to collect data on the frequency of urination and bowel movement? About graphing the frequency of accidents using the Toilet Training Graph? If yes, please ask the trainer now.

Privacy and Confidentiality

The confidentiality of your data is important and will be protected. Your baseline data sheet and all other data sheets will be coded in order to summarize the results of this training program. Your name or the names of the individuals you care for will not be disclosed in any way. You will be assigned an alphabet letter code, which will be kept secret and known only to the trainer. The data collected will be coded like this:

Name of DDSO or voluntary agency – Trainer Initials – Participant Code – Age of the individual

Example: Staten Island - HY - A – 17



9. Review and Homework:

Notes:

Are you ready for your homework?

Do you have any questions about Applied Behavior Analysis?

Have you identified each target toileting behavior and set a realistic goal for each behavior?

Do you feel ready to collect baseline toileting data for the individual you care for using the Baseline Toileting Data Sheet and the Toilet Training Graph? If not, what are your concerns? Bring your concerns to the trainer.

Homework

- **Collect baseline data on target behaviors using the Baseline Data Sheet and the Toilet Training Graph and bring them to the next session.**

END OF SESSION 1



Session 2: Preference Assessment

1. Review

Notes:

2. Discuss Baseline Toileting Data Collected Since Session 1

Take a few moments to record your experience in collecting baseline toileting data.

- a. How was your experience with collecting baseline toileting data using the Baseline Toileting Data Sheet and the Toilet Training Graph? Was it easy or difficult to do?



- b. What patterns did you notice in the individual’s toileting behavior? If you need help analyzing the data, ask the trainer for assistance.

- c. Did you notice any toileting patterns that relate to the additional target behaviors you identified during the last session (additional to eliminating in the toilet)?

- d. If you did observe toileting patterns that relate to the additional target behaviors, are your stated behavioral goals still appropriate? If not, take a few minutes now to go back and adjust them.

3. Preference Assessment

Individuals with autism and other developmental disabilities sometimes are not able to tell you what things they like or dislike. Behavior analysts have developed preference assessments to help identify people’s preferences so that the things they like can be used to increase or “reinforce” appropriate behaviors. The three most common types of preference assessments include Single-Item, Paired Choice, and Group-Items. This training will focus solely on “Paired Choice Preference Assessment.” You will learn how to conduct a Paired Choice Preference Assessment using a variety of highly preferred (tangible) things (toys, leisure time, favorite activities) and using food items (known as an Edible Paired Choice Preference Assessment).

In behavior intervention, it is important that the individual does not have free access to the items that will be used as reinforcers (e.g., if music is a reinforcer and the individual has music available to her all day long, then she will be less likely to work for music, and



it will lose its reinforcing value). The items that act as reinforcers for the individual's behavior will also change over time. Because of this, it is important to rotate reinforcers so that the individual does not get tired of one reinforcer.

Key Terms

Preference Assessment: a procedure used to help identify an individual's preference for objects or activities. The things they like can then be used to reinforce (i.e., increase) appropriate behaviors.

Reinforcer: something that increases a behavior. Reinforcement (delivering reinforcer) is the best way to teach good behavior and promote lasting change.



Tangible Paired Choice Preference Assessment

Purpose: To identify and rank order potential reinforcers that will be used to motivate or “reinforce” appropriate toileting and other behaviors.

Supplies: To conduct a Paired Choice Preference Assessment, you will need the following supplies: preferred items, data sheet

General Procedure

1. Using the table below, list 6 items the individual highly prefers, such as toys, leisure time (e.g., computer game or TV time), snack food, or activities (e.g., games, hi-five, social interactions). If none can be identified, conduct a direct observation of the individual for a day to gather information about the things he enjoys doing during free-time. Such items should be highly desirable and easy to supply *and* withhold. To help you keep track during presentations, it may be useful to label the items #1-6 using a sticker or small Post-it Note.

List of Preferred Items to Assess

Item 1	
Item 2	
Item 3	
Item 4	
Item 5	
Item 6	

2. Set aside time to conduct the assessment without distractions or interruptions.
3. Provide the individual with a brief sampling of each item
 - a. If the item is *leisure time or activity* (e.g., working on the computer), the individual should be given about 10-15 seconds to engage in the activity.
 - b. If the item is an *object* (e.g., toy train), the individual should be given about 10-15 seconds of access to the object.
4. Of the 6 items, present sets of two items at a time to the individual (the caregiver can hold the two items in his or her hand, or display them on a table or floor, whichever is more convenient). For a leisure time or activity, a photograph (or



Picture Exchange Communication System, PECS) may be substituted to represent the leisure time or activity during this presentation.

5. Say the name of each item and then provide the verbal prompt, “pick one.” (example: “ball, puzzle, pick one”)
6. Ask the individual to select one of the two items by touching, looking, pointing, or by picking it up.
7. If the individual selects an item, immediately remove the other non-selected item from sight.
 - a. Do not provide praise for making a choice.
 - b. Block any attempts to touch (or gain access to) both items simultaneously.
 - c. Record the individual’s choice on the date sheet.
8. If the individual doesn’t make a choice for more than 5-10 seconds, remove the two items and record that the individual did not select an item.
9. Using the Paired Choice Item Presentation Sequence on p. 26 in your manual, continue to present sets of two items until all items have been paired with one another.

Paired Item Presentation Sequence

Because some individuals with autism and other developmental disabilities have position selectivity (e.g., always picking the left choice), the following presentation sequence were pre-determined to account for such possibility.

The first item should always be presented on your left.

Trial	Paring of items Left ← → Right	Item Selected by the Individual		
1	Item 1 & Item 2	1	2	No Response
2	Item 2 & Item 3	2	3	No Response
3	Item 3 & Item 4	3	4	No Response
4	Item 4 & Item 5	4	5	No Response
5	Item 5 & Item 6	5	6	No Response
6	Item 1 & Item 3	1	3	No Response
7	Item 4 & Item 2	4	2	No Response
8	Item 3 & Item 5	3	5	No Response
9	Item 6 & Item 4	6	4	No Response
10	Item 1 & Item 4	1	4	No Response
11	Item 5 & Item 2	5	2	No Response
12	Item 3 & Item 6	3	6	No Response
13	Item 5 & Item 1	5	1	No Response
14	Item 2 & Item 6	2	6	No Response
15	Item 6 & Item 1	6	1	No Response

10. Rank order the individual's preferences by: (a) calculating the number of times that the individual *selected* an item, (b) dividing that number by 5, then (c) multiplying that number by 100. Record the results below.

Example: *Item 1 selected 3 times out of 5 opportunities* $(3/5) \times 100 = 60\%$

1. Item 1 selected ____ times out of 5 opportunities = (/5) x 100 = ____ %
2. Item 2 selected ____ times out of 5 opportunities = (/5) x 100 = ____ %
3. Item 3 selected ____ times out of 5 opportunities = (/5) x 100 = ____ %
4. Item 4 selected ____ times out of 5 opportunities = (/5) x 100 = ____ %
5. Item 5 selected ____ times out of 5 opportunities = (/5) x 100 = ____ %
6. Item 6 selected ____ times out of 5 opportunities = (/5) x 100 = ____ %



Highly preferred items (selected at 80% or above):

These items are likely to serve as tangible reinforcers. You will want to use these items during toilet training.

Participate in role playing Tangible Paired Choice Preference Assessment during class time.



Edible Paired-Choice Preference Assessment

Individuals with autism and other developmental disabilities sometimes are not able to tell you what kind of foods they like or dislike. Behavior analysts have developed an edible preference assessment to help identify foods that can be used to motivate or “reinforce” appropriate toileting and other behaviors.

Purpose: To identify and rank order potential edible reinforcers that will be used to motivate the individual.

Supplies: You will need the following supplies: data sheet, food and/or beverage, spoons, cups, plates, napkins, bib (if necessary)

General Procedure

1. On the table below, list 6 edibles the individual consistently consumes or highly prefers. It may be useful to number each food item using a sticker or a small Post-it Note to help you keep track during the presentation.

List of Foods to Assess

Food 1	
Food 2	
Food 3	
Food 4	
Food 5	
Food 6	

2. Set aside time to conduct the assessment without distractions or interruptions.
3. Provide the individual with a *tiny* taste sampling of each food or beverage prior to conducting this assessment.
4. Using the Paired Food Item Presentation Sequence below, present sets of two foods (tiny bite or sip) at a time to the individual (the caregiver can hold the two spoons, or place them on a plate, whichever is more convenient).
 - Say the name of each food and then provide the verbal prompt, “Pick one.” (example: “peaches, chicken nugget, pick one”).



Paired Food Item Presentation Sequence

Because some individuals with autism and other developmental disabilities have position selectivity (e.g., always picking the left choice), the following pairs were pre-determined to account for such possibility.

The first item should always be presented on your left.

Trial	Pairing of Food Left ← → Right	Food Selected by the Individual		
1	Item 1 & Item 2	1	2	No Response
2	Item 2 & Item 3	2	3	No Response
3	Item 3 & Item 4	3	4	No Response
4	Item 4 & Item 5	4	5	No Response
5	Item 5 & Item 6	5	6	No Response
6	Item 1 & Item 3	1	3	No Response
7	Item 4 & Item 2	4	2	No Response
8	Item 3 & Item 5	3	5	No Response
9	Item 6 & Item 4	6	4	No Response
10	Item 1 & Item 4	1	4	No Response
11	Item 5 & Item 2	5	2	No Response
12	Item 3 & Item 6	3	6	No Response
13	Item 5 & Item 1	5	1	No Response
14	Item 2 & Item 6	2	6	No Response
15	Item 6 & Item 1	6	1	No Response

5. If the individual selects one by pointing or taking the spoon, immediately remove the other food from sight and allow him 30 seconds to consume the bite (or drink).
 - a. Do not provide praise for making a choice.
 - b. Block any attempts to gain access to both edibles simultaneously.
6. If the individual doesn't make a choice for more than 10 seconds, remove the two foods and record that the individual did not make a choice. Move on to next food presentation.
7. Ignore undesirable behaviors such as spitting out of the food (expelling), or refusal or disruptive behaviors.
8. Using the Paired Food Item Presentation Sequence chart, continue to present sets of two choices until all choices have been paired with one another.



- Rank order the individual's preferences by: (a) calculating the number of times that the individual *selected* an item, (b) dividing that number by 5, then (c) multiplying that number by 100. Record the results below.

Example: *Item 1 selected 3 times out of 5 opportunities (3/5) x 100 = 60%*

- Food 1 selected ____ times out of 5 opportunities = (____ /5) x 100 = ____ %
- Food 2 selected ____ times out of 5 opportunities = (____ /5) x 100 = ____ %
- Food 3 selected ____ times out of 5 opportunities = (____ /5) x 100 = ____ %
- Food 4 selected ____ times out of 5 opportunities = (____ /5) x 100 = ____ %
- Food 5 selected ____ times out of 5 opportunities = (____ /5) x 100 = ____ %
- Food 6 selected ____ times out of 5 opportunities = (____ /5) x 100 = ____ %

- Foods that are selected at least 80% or above are considered possible reinforcers. If the foods selected were all *less* than 80%, use the top two most preferred foods. Record the results in the space below.

Highly Preferred Foods (selected at 80% or above):

These food items are likely to serve as edible reinforcers. You will want to use these foods during toilet training.

Participate in role playing Edible Paired Choice Preference Assessment during class time.

Do you have any questions about Tangible or Edible Preference Assessment? If yes, ask the trainer now.



4. Three-Step Guided Compliance (Tell-Show-Do)

Although it is much easier for you to do things for the individual (especially when you're in a hurry), in the long-run, it will only make her more dependent on you. Three-step guided compliance is a prompting strategy that teaches the individual what you want her to do by providing a model and physical guidance if she does not do what you ask her to do. If you use this procedure consistently, you should find that, over time, the individual requires less assistance to complete tasks.

This guided compliance strategy will be useful in implementing the toilet training skills which will be presented in this program.

General Procedure

- 1) State the individual's name.
- 2) TELL her what you want her to do. State the request clearly so that the individual knows exactly what she is supposed to do. Say the request as briefly and as specifically as possible.
 - a. Wait 5-10 seconds for her to carry out the request. Do not repeat the request.
- 3) If the individual complies, praise and provide reinforcement. State exactly what she did that you liked.
- 4) If the individual does not comply, repeat the request with a demonstration (SHOW)
 - a. Wait 5-10 seconds for her to carry out the request. Do not repeat the request.
- 5) If the individual complies, provide brief praise (e.g., "Nice job!") and provide a smaller or brief reinforcement.
- 6) If the individual does not comply, physically guide her (DO) in completing the request. Do not provide praise or reinforcement.
- 7) Always use the minimum amount of physical contact necessary for the request to be completed.
- 8) Never "give in" or complete the request yourself.



1. TELL me (verbal instruction) → wait 5-10 sec → praise and reinforce abundantly if compliant.
If not →
2. SHOW me (model) → wait 5-10 sec → praise and/or reinforce briefly if compliant.
If not →
3. Help me DO it (physical guidance) → no praise

Take some time to role play this guided compliance strategy in class.

Do you have any questions about the Three Step Guided Compliance (Tell-Show-Do)
If yes, ask the trainer now.

5. Review and Homework

Notes:



Are you ready for your homework?

Do you have any questions about Preference Assessments?

Do you feel ready to conduct the Preference Assessments? If not, what are your concerns? Bring your concerns to the trainer.

Do you feel ready to use the Three-Step Guided Compliance TELL-SHOW-DO strategy? If not, what are your concerns. Bring your concerns to the trainer.

Homework

- **Conduct Preference Assessments (Tangible Paired Choice and Edible Paired Choice Preference Assessment).**
- **Practice Three-Step Guided Compliance Tell-Show-Do strategy.**
- **Bring your results to the next training session.**

END OF SESSION 2



Session 3:
Toilet Training Guidelines and Techniques

1. Review

Notes:

2. Discuss Results of Preference Assessments

- a. What was your experience completing the preference assessments? Were they easy or difficult to do? What parts were easy, and what parts were difficult?



- b. In completing the preference assessments, what did you learn about the individual you care for? Did it show you any preferences you weren't aware of before?

3. Toilet Training by the Book

This program focuses on using key elements from the evidence-based study on toilet training with developmentally disabled persons by two behavioral psychologists named Azrin and Foxx. This is an old study, but the toilet training method that was developed from it remains the standard method for toilet training individuals with ASD/DD.

If you are interested in further reading about the Azrin and Foxx method of toilet training, there is a reference list at the end of this booklet which will help you to locate the materials.

4. Before You Start Training

Get a Medical Exam - Before beginning toilet training, you should have the individual evaluated by a medical professional to determine if any underlying health problems are contributing to incontinence (wetting and/or soiling). The use of medications can sometimes cause constipation or chronic diarrhea. If constipation is occurring, the physician may recommend enemas or laxatives for emptying the gastrointestinal tract.

Review the Individual's Toileting History – Take time to reflect on the individual's toileting history and habits so that this information can inform your present toilet training strategy. (This exercise was completed in Session 2 of this training program on p. 22)

Assess the Individual's Readiness for Toilet Training

To prepare for toilet training, you must first assess the individual's readiness to be trained. There are three areas to consider when evaluating whether it is the right time to begin a toilet training program for any individual. These areas are language/communication skills, physiological development, and motor skills.



Take some time to think about the readiness of the individual you care for with respect to the categories below:

1. Language:

- Does the individual follow simple, one-step directions (e.g., “stand up,” or “sit down”)? _____
- Does the individual communicate needs verbally or by other means (e.g., signing, communication devices like PECS, VOCA)? _____

2. Physiological:

- Does the individual have the ability to voluntarily control the sphincter muscles, enabling them to “hold it” for a short period of time or until they get to a toilet?

- Does the individual have long periods of dryness (continence)? _____
- Does the individual exhibit signs of urinating or having a bowel movement (straining, squatting, pulling at pants, etc.) that allows you to know when they are eliminating? _____

3. Motor:

- Can the individual pull her pants up and down without assistance?

- Can the individual wash and dry his hands?

- Can the individual sit on the toilet and stay on the toilet for at least a few seconds? _____

If you’ve answered “Yes” to most of the above questions, the individual is probably ready to begin a focused toilet training program. If you’ve answered “No” to many of the above questions, discuss the situation further with the trainer now.

Commit to Implementing an Intensive Toilet Training Program – During toilet training the individual for whom you care will be immersed in a routine which includes:



- education about and exposure to proper toileting habits,
- eating a balanced high fiber diet,
- drinking increased amounts of water and other fluids,
- regular exercise,
- frequent pants checks,
- frequent sitting on the toilet,
- lots of practice (rapidly going to the bathroom for a specified number of times),
- reinforcement for appropriate toileting behavior, and
- cleaning up after accidents (cleaning the soiled area, bathing, and washing the clothes).

The toilet training program will be *faded* gradually once the individual achieves continence. This means that the structure, assistance, and support provided by the caregiver will be removed slowly until the individual is engaging in independent toileting.

In addition to making a commitment to carry out all portions of a toilet training program as outlined above, now is the time for caregivers to adopt a positive attitude about the training. Your enthusiasm and belief that you can do it will help you and the individual to be successful!

Are there any obstacles to conducting the toilet training program that you can predict?

Do you have any questions about the pre-training steps? If yes, ask the trainer now.



5. Toilet Training Guidelines

The following guidelines have proven helpful in promoting a successful toilet training program:

- 1- Try to set aside one entire weekend for toilet training, beginning on Saturday morning. If you are able to take time off from work, start Friday morning or extend training until Monday to allow for more intensive training.
- 2- Block off time for toilet training only (avoid phone calls, primary childcare of other children, cooking, chores, etc.)
- 3- Eliminate distractions (radio, television, etc.)
- 4- Minimize interruption and audience (siblings, guests, delivery people, etc.)
- 5- Caregivers should use their own preferred toileting vocabulary (or PECS) to describe the toileting and elimination process, e.g., potty, toilet, poop, BM, pee, bathroom, dry, wet, do-you-have-to-go, etc. Keep in mind that individuals with ASDs and other DDs frequently have problems with understanding and/or expressing language. You will need to be sure that the individual understands the words you use to communicate toileting concepts and instructions.

List the words that you use or plan to use to describe the toileting process:

- 6- The individual should not be required to sit on the toilet for extended periods. Five to 10 minutes is more than sufficient. Typical adolescents and adults do not eliminate on command, and this should not be expected of individuals undergoing training.
- 7- Genital touching should be ignored. Do not comment or otherwise give attention to it. Instead, redirect the individual without showing disapproval or emotion. If appropriate, simply remove the individual's hands away and help him to wash his hands.
- 8- A typical individual has an average of 4-7 urinations per day and 1-2 bowel movements every three days. Of course, this can vary widely among people.
- 9- For individuals with seizure disorders, do not give too much fluid. Consult a physician regarding the amount of fluid that should be allowed.



10- As much as possible, the training setting and process needs to be pleasant for both the individual and caregiver. Punishment has no place in the toilet training process.

11- Punishment has no place in the toilet training process. It does not teach, and the resulting negative side effects can create unnecessary caregiver-individual conflicts.

12- Instead, use praise for appropriate toileting. This will help to motivate the individual (e.g., “Good pottying, Nice job peeing, etc.”)

13- As much as you can, set up the bathroom to be as pleasant as possible with the reinforcers (i.e., the reward items you identified in the Preference Assessments) so that the individual will find it more enjoyable to be in the bathroom than anywhere else in the house!

- Do you think you will be able to adhere to these guidelines to create an optimal toilet training experience? If no, describe what obstacles you are facing (e.g., lack of child care for other children in the home, caregiver’s busy work schedule).

- Do you think you can get help to address the obstacles described above? If yes, what steps will you take to make your situation better so that you can begin the toilet training program?

- Do you have any additional concerns that you would like to discuss with your trainer right now? If yes, please inform the trainer



List the reward items identified from the Preference Assessments that you will use to reinforce proper toileting behavior:

- Do you have any questions? If yes, please ask the trainer now.

6. Collecting and Graphing Data While Toilet Training

During urination and bowel training, you should record data using the Toilet Training Data Sheets provided (see next page) and graph accidents using Toilet Training Graph (see pg. 76). Using the data sheets and graphing accidents during toilet training will allow you to evaluate the individual's progress by comparing the results of training with the baseline data you collected. You can also use the data sheets completed during toilet training to detect toileting patterns and evaluate problems that may arise during the training process.

7. Toilet Training Procedures

Leading clinicians in the field of ABA have developed specific toilet training procedures for individuals with ASDs and other DDs. The procedures presented here are known as Azrin and Foxx's Toilet Training Method, named for the two clinicians who developed the method. This method has been proven effective.

Materials Needed for Toilet Training

Before getting started with toilet training, you will need to get the following materials:

(You will find a materials checklist below. Use this when you are preparing at home for toilet training.)

1. Water or preferred liquids (tea, coffee, juice, etc.).
2. Reinforcers identified in the Preference Assessments (refer to the list you made in the Preference Assessment section, Highly Preferred Items and Highly Preferred Foods, p. 27 and p. 30)



3. Snacks (such as saltines, pretzels, nuts, to increase thirst) that are not highly preferred but which the individual will likely consume when presented
4. Extra pairs of loose training shorts or pants 1-2 sizes bigger than the individual usually wears, if available
5. Gloves, paper towels, wipes for clean-up
6. Foot stool or a thick phone book (to prevent discomfort from dangling feet)
7. Blank copy of Toileting Data Sheet, timer, pencil





Azrin and Foxx’s Toilet Training Method

Urination

1. The individual IS NOT allowed to wear diapers during training. This is because diapers during the training period may give a message to the individual that it is okay to urinate anywhere. The individual may use diapers at night, after the daytime training period.
2. Place all the necessary materials near the bathroom. The individual can either sit in a chair in the bathroom or stay near the bathroom area.
3. Record each occurrence of urination for several days to one week using a blank version of the Toilet Training Data Sheet (p. 43). (You have already done this using the Baseline Toileting Data Sheet.) This data will give you an understanding of the individual’s elimination routine which will allow you to compare patterns to before, during and after training.
4. The individual should wear clothes that are easy to take off (i.e., extra large, elastic waistband shorts). Have several changes of clothing available.
5. An hour before training, have the individual drink a full cup of water (or another preferred drink).
6. Thirty minutes later, provide another half-cup of water. Wait 30 more minutes and give the individual another half-cup of water and seat her on the toilet. Provide a half-cup of water and seat the individual on the toilet every 30 minutes thereafter. For example, if training begins at 10:00 am, have the individual drink 1 cup at 9:00, ½ cup at 9:30. Give another ½ cup of water and seat the individual on the toilet at 10:00 for 5 - 10 minutes.

Example:

Time	Fluid Intake	Toilet Sitting
9:00am (Before Training)	Full cup	None
9:30am	½ -cup	None
10:00am (Begin Training)	½ -cup	5-10 minutes
10:30am	½ -cup	5-10 minutes

7. If the individual refuses to drink more water, try a different drink. Provide saltine crackers or other snacks. Use a variety of snacks, but do not provide the highly preferred edibles from the preference assessment. Those are reserved for successful voiding in the toilet.



8. When the individual begins to urinate or defecate in the toilet, give him immediate attention with praise and provide a reinforcer from the Preference Assessment. For example, if the individual likes music, you may provide music when the initial sound of urination occurs to make sure the individual understands what he's being rewarded for. Be overly animated and enthusiastic (congratulate, smile, clap, etc.)
9. Check the individual every 5 minutes afterwards (set the timer to help you remember). If the individual kept dry during the 5 minutes, provide a brief praise and brief reinforcement.

Example:

Time	Fluid Intake	Training Activity
9:00am (Before Training)	Full cup	Give drink
9:30am	½ -cup	Give drink
10:00am (Begin Training)	½ -cup	Give drink, Sit individual on toilet for 5-10 minutes (if dry, begin 5-min pant checks)
10:05am		Pants Check
10:10am		Pants Check
10:15am		Pants Check
10:20am		Pants Check
10:25am		Pants Check
10:30am	½ -cup	Give drink, Sit individual on toilet for 5-10 minutes (if dry, begin 5-min pant checks)
10:35am		None

10. If the individual is dry for 30 minutes, continue to provide a half-cup of water and seat the individual on the toilet every 30 minutes (see #5). Ideally, it is best if you are able to work with the individual for the entire day (e.g., 7am to 7pm). Use both the individual's and caregiver's "fatigue factor" as a guide to determine whether it is time to stop the training for the day.
11. If the individual urinated or defecated in his pants:
 - a. Say "No wet/soiled pants" in a neutral voice.
 - b. Have the individual place the dirty clothes in the hamper/washer.
 - c. Have the individual clean-up the soiled area, wash himself with a wet towel (or take a shower) and put on clean clothes. Use the 3-step Tell-Show-Do prompting procedure (p. 31) as needed.
 - d. Then take the individual to the toilet and physically guide the individual to:
 1. pull her pants down



2. sit on the toilet for 2 seconds (do not allow elimination)
 3. stand up
 4. pull her pants back up
 5. return to the location where the individual had the “accident” (if not the bathroom)
 6. return to the bathroom – repeat these steps 5 times in a row.
- e. After these procedures, have the individual sit on the toilet for 5 minutes (or until she urinates or defecates).
 - f. If the individual gets up before 5 minutes is up, use the 3-step Tell-Show-Do prompting procedure to have her sit (p. 31).
 1. If she continues to get up, stand in front of her, and prompt the individual every minute with a partial physical prompt (gently hold down on the top of her shoulder).
 2. Ignore all inappropriate behaviors while in the bathroom and during clean-up.
 3. Provide verbal praise for any correct sitting that is done with or without a prompt to sit
 - g. If the individual is non-compliant with clean-up, use 3-step Tell-Show-Do prompting procedure (p. 31).
 - h. Do not provide snacks for the next 30 minutes following an accident even if the individual refuses to drink more fluids without snacks.
12. In Azrin & Foxx’s original studies, individuals consumed their meals in the bathroom. However, it is also okay to have meals near the bathroom (use your judgment on what is acceptable to you).
- a. If voiding is apparent *during* the meal, immediately escort the individual to the toilet.
 - b. After the meal, resume training by placing the individual on toilet for 5-10 minutes (if dry, begin 5-min pant checks).
13. After a full day of training, place the individual back in diapers.
14. For those individuals with severe to profound intellectual disabilities or individuals with several failed training attempts, a wetness detecting monitor can significantly cut down on the effort and time required for training.



- a. Attach the monitor to the individual.
- b. When the monitor beeps or vibrates to indicate wetness, simply follow the protocol for accidents described above in Item #11. Resume the training at Item #9.

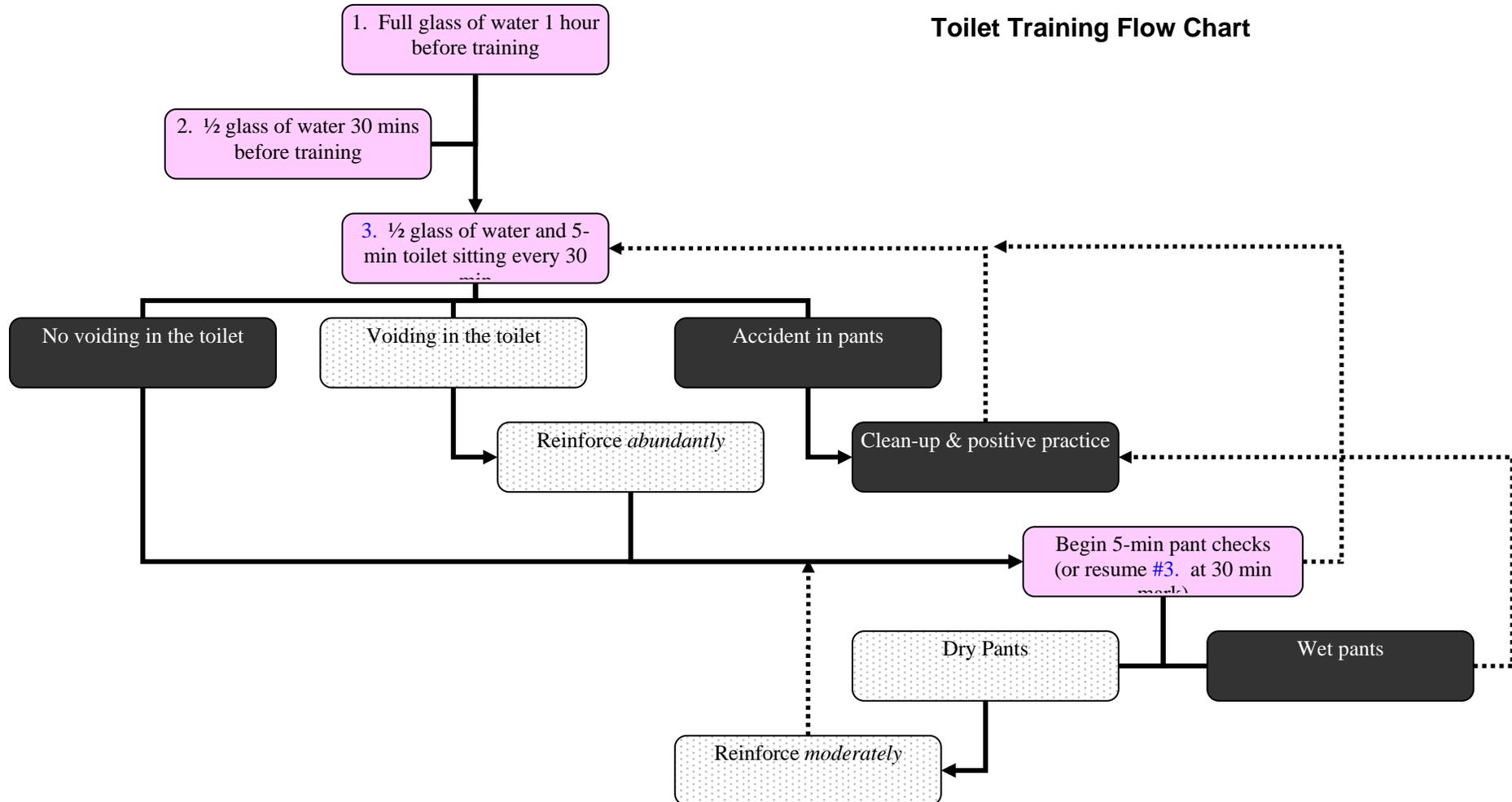
Wet stop (\$50, <http://www.wet-stop.com/> or www.amazon.com) is an example of a commonly available wetness sensor. Healthcare Common Procedure Code for insurance reimbursement is HCPC #S8270.

Do you have any questions about teaching the individual to void using the Azrin and Foxx method? If yes, ask the trainer now.

Do you have any concerns about your ability to teach the individual to void using the Azrin and Foxx method? If yes, what are they? Bring your concerns to the trainer now.



Toilet Training Flow Chart





Bowel Training

Bowel movements rarely occur without urination. Therefore, separate bowel training is usually unnecessary following successful urination training. However, if bowel training was not accomplished with urination training alone, you can continue to work with the individual in a focused plan to achieve bowel control and defecation in the toilet. To do so, you'll follow a similar training protocol as you did with urination training.

To promote optimal health and bowel conditions, be sure to gradually increase intake of high-fiber foods (e.g., vegetables, fruits) and fluids (e.g., water, prune juice) throughout the day. Decrease dairy intake (e.g., cheese, milk). Let the individual play actively or spend more time outdoors to promote exercise.

Before starting a separate bowel training, a physician should be consulted for a medical examination. This is because lack of bowel control often results from fecal impaction and constipation. When this occurs, the individual starts to have large, hard, or painful bowel movements, which lead to cycles of holding in the bowel movement to avoid such pain. The subsequent bowel movements are made even more difficult due to the retained feces. The impacted feces enlarge the colon, and the sphincter loses its muscle tone, ultimately resulting in fecal leakage.

1. If constipation is occurring, consult a physician about the possible use of suppositories and enemas to alleviate the condition.
2. Record each occurrence of defecation for one week or two using the Baseline Toileting Data Sheet (p. 17). You should have collected this data already following Session 1. If not, use the steps outlined below. These data will give you an understanding of the individual's elimination routine which may help you compare progress before, during and after training.
 - Check the individual's diaper every hour and record whether the diaper was dry or soiled on the Toilet Training Data Sheet.
 - Matter-of-factly tell the individual what you find by saying "Good job staying dry" or "You're soiled". After a week or two of checking (or sooner if a regular pattern is evident), a regular pattern for bowel movements should be evident. If the individual does not show a regular pattern, he may not be ready, or he may have other medical issues. Consider speaking to a physician.
3. Refer to the bowel movement patterns identified for this next step.



- If data indicate that the individual usually defecates in the late afternoon/evening, seat the individual on the toilet 30 minutes after dinner for 5-10 minutes.
- If the data indicate that the individual usually defecates in the morning, seat the individual on the toilet 30 minutes after breakfast for 5-10 minutes.
- Praise the individual for sitting on the toilet during this time. Throw a big “party” if he defecates. Reinforce the individual with preferred items identified in the Preference Assessment (p. 27 and p. 30). Record results on the Toilet Training Data Sheet and the Toilet Training Graph.
- If he doesn’t defecate, repeat toilet sitting every 30 minutes until bedtime if in the evening or until he defecates if during the day.
- If he has an accident in his pants in between toilet sitting, follow step 11 of the Foxx and Azrin method.

Do you have any questions about teaching the individual bowel control and defecation? If yes, ask the trainer now.

Do you have any concerns about your ability to teach the individual bowel control and defecation? If yes, ask the trainer now.

8. Functional Communication and Toilet Training

Take a minute to think about the individual you support. Is he able to communicate his toileting needs to you?

If yes, by what means does he communicate (e.g., spoken language, gestures, using communication device)?



If the individual is unable to communicate his toileting needs, he will benefit from learning alternative ways to communicate with you. This alternative method of communication is also referred to as functional communication. If you are interested in learning about functional communication, training on this subject will be offered at the beginning of the next session. If you do not need to learn about functional communication, your trainer will tell you what time to arrive at the next training session (i.e., you will come to Session 4 after the segment on functional communication training has been completed).

Do you have any questions about attending the Functional Communication Training section? If yes, ask the trainer now.

9. Review and Homework

Notes:



Are you ready for your homework?

Do you have any questions about urination or bowel training using the Azrin and Foxx method? If yes, ask the trainer now.

Do you feel ready to implement toilet training using the Azrin and Foxx method? If not, what are your concerns? Bring your concerns to the trainer.

Do you feel ready to use the Toilet Training Data Sheet and the Toilet Training Graph? If not, bring your concerns to the trainer.

HOMEWORK

- **Designate a weekend (or several consecutive days) to implement the Azrin and Foxx toilet training method.**

- **Record the individual's progress on the Toilet Training Data Sheet and the Toilet Training Graph and bring them to the next session.**

END OF SESSION 3





Session 4:

Functional Communication Training (FCT) and Toilet Training Progress Review

1. Introduction to Functional Communication Training (Attendance Optional)

Teaching a way to communicate is an effective method for increasing an individual's ability to communicate about their toileting needs and decrease toileting accidents. This kind of communication is called "functional" communication because it helps the individual to communicate for a reason; their communication has a "function" or purpose.

The mode of functional communication that you teach must fit the communication needs and abilities of the individual (e.g., PECS, micro-switches, VOCA, hand signs). Also, the functional communication program must be within the individual's reach at all times.

In this section, we will focus on teaching functional communication skills that will help the individual communicate toileting needs.

Before beginning Functional Communication Training (FCT), the individual must be able to consistently urinate and defecate in the toilet and should not have regular, frequent accidents.

The toileting request should be one that can be taught within a relatively short amount of time (within a few days or weeks). The request should also be easily understood by someone other than the caregiver and be appropriate for most situations and community settings that the individual may encounter. In most cases, you should begin training with one target statement (i.e., one spoken word or one picture), for example "pee," "potty," or "bathroom."

Selecting the Appropriate Means of Communication

The communication method you teach should be based on recommendations from the individual's speech therapist. Typically, you want to choose a communication method that the individual regularly uses. For example, if the individual has at least 2-3 spoken words, you would want to teach spoken response. If you're



unsure about which method to use, consider using a mode of communication identified in his IEP (if he is a student) and/or based on recommendations from a speech/language therapist.

The functional response and the mode of communication you teach should be one that the individual can learn in a relatively short amount of time (within a few days or weeks).

The response should also be easily understood by someone other than the caregiver and be appropriate for most situations and community settings that the individual may encounter.

Begin training with one target response (i.e., one spoken word or one picture), for example, “pee”, “potty”, “bathroom.”

Common Alternative/Functional Communication Methods

- Verbal (spoken)
- Sign Language
- Gestural (can be unique to the individual as opposed to using specific sign language)
- Picture Exchange Communication System (PECS) (use of picture symbols that represent a variety of objects, places, actions, people, etc. to communicate needs or wants)
- Voice Output Communication Aid (VOCA) (use of computerized speech devices programmed with key words, phrases, requests, people, etc. that the individual can choose and press and the device “speaks” it out loud)
- Other augmentative communication: other means used by a person to enhance their ability to communicate their needs. (list)

Answer the questions below to help you determine the best alternative communication method to use with the individual you care for:

1. How does the individual typically communicate? Can he speak? Gesture? Use sign language or PECS?



2. Does the individual have any experience with alternative communication methods already? Can she use a particular method now? Does that method work, or might a different method work better? Why?

3. What methods described by the trainer do you think you would like to try with the individual you care for? Do you know where to learn that method and obtain any materials needed to use that method? Be sure to ask the trainer your questions.

Procedure for Functional Communication Training:

Set aside several blocks of time for functional communication training (total of 10-15 minutes for 10 trials).

For individuals with adaptive communication devices:

1. Place the VOCA, PECS, or another communication device with recording of “bathroom please” or a picture of the toilet near the individual and at various other locations in the individual’s home.
2. Use 3-step Tell-Show-Do (p. 31) to prompt the individual to press the Mac button or remove the PECS and hand it to the caregiver.
3. Once the individual requests bathroom, reinforce good communication using items identified by the preference assessments and immediately take the individual to the toilet.
4. Have the individual sit on the toilet for 1 minute or less.
5. If the individual urinates or has a bowel movement, provide reinforcement.



6. Repeat at least 10 times in a short block of time (10-15 minutes).

For individuals with speech:

1. Request the individual to say his toileting needs (e.g., “pee,” “bathroom please,” “I need to go to the bathroom,” “I have to go”).
2. Once the individual requests bathroom, reinforce good communication and immediately take the individual to the toilet.
3. Have the individual sit on the toilet for 1 minute or less.
4. If the individual urinates or has a bowel movement, provide praise and reinforcement.
5. Repeat a least 10 times in a short block of time (10-15 minutes).

Do you foresee encountering any obstacles to doing Functional Communication Training with the individual for whom you care? If yes, describe.

Do you have any questions about how to teach Functional Communication? If yes, ask the trainer now.

Do you feel ready to conduct the FCT process? If not, what are your concerns? Bring your concerns to the trainer.



2. Review

Notes:

Refer to your Toilet Training Data Sheets and Graph as you answer the following questions:

How did your toilet training program go? What was difficult? What was easy?

Were you able to follow the guidelines and procedures? If not, why?

What would make it easier for you to implement the toilet training procedures?



Describe any progress the individual made during the past week of toilet training? How did the person respond to the program?

What changes can you make that would make the program more successful for the person you care for? Write them down and commit to making those changes.

Earlier in the program, you completed a chart (p. 14) on which you identified problem areas, or target behaviors, that you wanted to work on with the individual. Take a look at what you wrote. Are those toileting target behaviors and the corresponding goals still appropriate? Are they still realistic? Do you want to revise the target behaviors and goals that you listed? If yes, do it now.

Be sure to bring speak with the trainer about any difficulties you are having.

3. Working Toward Independence (Addressing Common Problem Areas)

As discussed earlier, most of you will find that implementation of the toilet training program will bring about significant positive changes in the individual's toileting behaviors. Once the individual is eliminating in the toilet consistently, you are ready to work on learning other toileting behaviors (e.g., pulling pants down, wiping, washing hands, etc.).



Look for voluntary bladder control as a strong sign that you are ready to address additional behavioral goals to increase toileting independence.

An individual has gained voluntary bladder control if he:

- a. Has no accidents,
- b. Eliminates immediately upon sitting on the toilet, and
- c. Tries to eliminate while sitting on the toilet (usually indicated by facial or body straining)

Below are guidelines to help you teach additional toileting skills. Some individuals may need these prerequisite skills before you target toilet training.

Refusal to Sit on Toilet

Start with sitting momentarily. Reinforce any duration of sitting. Gradually increase the increments of sitting time.

If the individual appears uncomfortable or scared of falling in the toilet, start by placing a cardboard covering over the hole, under the toilet seat. Have the individual sit on the toilet. Once the individual is successful in sitting consistently with the cardboard in place under the seat, cut a small hole the cardboard (preferably in the middle). Gradually increase the size of the hole in the cardboard. You may also consider a toilet seat adjuster, available in most drugstores.

Refusal to Undress before Sitting on the Toilet

Once the individual is sitting consistently, you may also start undressing training by beginning with the individual dressed in full clothing, then gradually fading the clothes off once the individual is sitting consistently.

- Remove one piece at a time, such as socks. Practice sitting consistently with only the socks off.
- Next, remove pants. Practice sitting consistently with only the pants off.
- Finally, remove underwear. Practice sitting on the toilet with underwear off.

Refusal to Flush the Toilet

Prepare the individual by priming, such as “get ready, set, go, flush!”

If the individual is afraid of the flushing sound, play background music, or have the individual wear a headphone.

Sometimes it is helpful to put the cover on the toilet seat to eliminate the visual of water flushing.



Do you have any questions about toileting independence skills? If yes, ask the trainer now.

4. Toileting accidents after achieving continence

After they have been toilet trained, some individuals may occasionally have periods of wetting or soiling. The individual should first be examined by a physician to rule out physical conditions (such as urinary tract infections or gastrointestinal problems) that may be causing the accidents.

When you find the individual with wet or soiled pants, use positive practice, as you did during training.

1. Tell the individual “You wet your pants. You should go in the toilet instead”
 - a. No other attention should be given for accidents.
2. As during the training, the individual is responsible for clean-up with your help (using a 3-step Tell-Show-Do prompting procedure - p. 31).
3. Have the individual do positive practice
 - a. Tell the individual “You wet/soiled your pants. Practice going to the bathroom.”
 - b. The individual walks to the toilet.
 - c. The individual quickly lowers his pants and sits on the toilet.
 - d. After sitting for 2 second (do not allow urination), the individual quickly raises his pants.
 - e. The individual goes to the place at which he had the accident and repeats the above steps 5 times.
 - f. The individual goes to another place in the house and repeats the above steps 5 times.
4. Reinforce and praise for elimination in the toilet.
5. Do not resort back to diapers. Using diapers may give the individual the message that it is okay to soil. For night time, place a plastic sheet (a cheap shower curtain or chux incontinence underpads work well) under the bed sheet.



The only exception to not wearing diapers may be if the individual is confined to the bed due to chronic illness.

5. Fecal Smearing

Fecal smearing is a challenging behavior that brings with it great concern for caregivers of individuals with ASDs and other DDs. In the field of Applied Behavior Analysis, challenging behaviors are generally looked at as being learned and maintained by what happens immediately before and after the problem behavior. Thus, we can begin to think of fecal smearing as a learned problem behavior that can be modified by manipulating or changing situations in the individual's environment, especially the events before and after the fecal smearing. In most cases, fecal smearing is seen as a way to request or communicate a preferred outcome (e.g., access to toys, food, social interaction, or cessation of unpleasant activity). The individual may also like something about the feces (related to sensory characteristics such as touch, smell, etc.). The goal is to replace the inappropriate "request" with more adaptive (appropriate and effective) communication or more appropriate ways to obtain similar sensory input (e.g., playdoh, kushball, finger paint, etc.).

Tell the trainer if your individual is engaging in fecal smearing behavior. The trainer will work with you individually to help you to analyze the function of this behavior and implement changes necessary to stop the behavior.

Do you have any questions about Special Issues in toilet training? If yes, ask the trainer now.

6. Create a Plan for Continued Consultation with the Trainer

A key component of Targeting the Big Three is the ongoing availability of the trainers for follow-up consultation.

As stated earlier in the program, implementing behavior interventions is a long term process that requires consistency and dedication to result in improved behavior. It may take time to see improvement, even if you are implementing the techniques perfectly.

The trainer will remain available to you in the following ways:

- Phone calls
- Demonstration of specific intervention techniques
- E-mails
- Scheduled visits to demonstrate techniques or observe (if possible)



- Providing extra copies of data sheets and forms

Please document a plan for future meetings, phone calls, or demonstrations of techniques with your trainer using the Toilet Training Follow-Up Plan form below.

Toilet Training Follow-Up Plan

Date of Next Contact	Type of Contact	Trainer Contact Info
		Name: E-Mail: Phone:

Toilet Training Follow-Up Plan

Date of Next Contact	Type of Contact	Trainer Contact Info
		Name: E-Mail: Phone:

[Give this form to the trainer]

7. Review

In the table below you will find a review of the materials covered in the four sessions you attended:

<p>Session 1</p>	<ul style="list-style-type: none"> • Got to know the individuals you care for • Introduced Applied Behavior Analysis and an overview of Toilet Training • Identified the specific target behaviors you wanted to improve • Set realistic behavioral goals • Learned how to collect and graph baseline data on toileting behaviors
<p>Session 2</p>	<ul style="list-style-type: none"> • Reviewed baseline data • Learned how to determine the preferences of the individual you care for so that you could use these preferences (either specific foods, toys, or favorite activities) to motivate behavioral change • Learned how to work with individuals using a three-step guided compliance model that allowed you to offer just the right amount of help to the person you support as they learn
<p>Session 3</p>	<ul style="list-style-type: none"> • Reviewed results of preference assessments • Learned guidelines for effective toilet training • Learned Toilet Training Program • Reviewed data collection procedures for use in the Toilet Training Program • Modified toilet training methods if needed
<p>Session 4</p>	<ul style="list-style-type: none"> • Learned how to teach individuals with limited communication skills more effective and functional communication strategies (Functional Communication Training) • Reviewed results of your toilet training experience • Planned for additional follow-up consultation with the trainer



8. Summary

You now have the knowledge necessary to implement a reliable toilet training program with the individual for whom you care. Once you have the basics, with each trip to the bathroom take a look at any areas that still need improvement and practice, Practice, PRACTICE!

Focus on getting it right and encourage the skills necessary for your individual to toilet as independently as possible, for example, communicating toileting needs, undressing and dressing, sitting on toilet, wiping, flushing, etc.

Look closely for the areas in which the individual is achieving success and try to isolate and break down the problem areas into small parts or tasks. Focus on teaching those steps and reinforce even a small improvement until you teach the individual the right way to do it.

Be patient, use humor, and be positive. These strategies will help you and the individual for whom you care to be successful in mastering toilet training!

9. Workshop Evaluation

Please complete the program evaluation form that your trainer will distribute.

Homework

- **Continue implementing Toileting Training Program.**
- **Refer back to your manuals as needed to refresh your understanding of the critical steps in toilet training.**
- **Practice the basics and move forward to more advanced behaviors as the individual achieves competence in getting to the toilet and using it appropriately.**
- **Continue to record toileting behaviors on the Toileting Data Sheet and the Toilet Training Graph**
- **Remember to follow up with your trainer your the time scheduled and if you encounter any obstacles.**

**This is the end of the training sessions for
Targeting the Big Three: Toilet Training**

THANK YOU!

Targeting the Big Three

Caregiver's Program Evaluation

Target behavior (circle one): Challenging behavior, Mealtime behavior, Toilet training

DDSO: _____ Trainer: _____ Today's Date: ___ / ___ / _____

1. Overall, how satisfied were you with the workshop trainings?

- 1) Very dissatisfied
- 2) Dissatisfied
- 3) Neither satisfied nor dissatisfied
- 4) Satisfied
- 5) Very satisfied

2. In general, how effective was the curriculum for the individual you are working with?

- 1) Ineffective
- 2) Somewhat effective
- 3) Neither effective nor ineffective
- 4) Very effective
- 5) Extremely effective

3. At the end of the program, the individual's target problem behaviors are:

- 1) Worse
- 2) Slightly worse
- 3) About the same
- 4) Improved
- 5) Significantly improved

4. The training was presented in a concise and easy to understand manner.

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

5. The amount of work (training) required was at a reasonable level for the challenges I was facing.

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

6. Will you continue to follow the guidelines?

- 1) Definitely not
- 2) Probably not
- 3) Not sure-Maybe
- 4) Probably
- 5) Definitely

7. I feel that the methods involved with the trainings were ethically sound.

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

8. The trainer was flexible and open to suggestions or concerns

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

9. The trainer was knowledgeable, thoroughly trained and easy to work with

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

10. Please provide suggestions you might have that would assist us in making our training program more effective:



Forms









References

- Azrin, N. H., & Foxx, R. M. (1971). A rapid method of toilet training the institutionalized retarded. *Journal of Applied Behavior Analysis*, 4(2), 89-99.
- Azrin, N.H., & Foxx, R.M. (1974). Toilet Training in Less Than a Day. New York: Simon & Schuster.
- Baer, D. M., Wolf, M. M., & Risley, T. R. (1968). Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis*, 1(1), 91-97.
- Cicero, F. R., & Pfadt, A. (2002). Investigation of a reinforcement-based toilet training procedure for children with autism. *Research in Developmental Disabilities*, 23(5), 319-331.
- Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). *Applied behavior analysis*, 2nd ed. Upper Saddle River, N.J.: Pearson Prentice Hall.
- Fisher, W., Piazza, C. C., Bowman, L. G., Hagopian, L. P., Owens, J. C., & Slevin, I. (1992). A comparison of two approaches for identifying reinforcers for persons with severe and profound disabilities. *Journal of Applied Behavior Analysis*, 25(2), 491-498.
- Tarbox, R. S. F., Williams, L., & Friman, P. C. (2004). Extended diaper wearing: Effects on continence in and out of the diaper. *Journal of Applied Behavior Analysis*, 37, 97-100.