

# TARGETING THE BIG THREE

## TOILET TRAINING TRAINER 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 in 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. 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](http://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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## Basic Training Guidelines

The training content and procedures for teaching the “Targeting the Big Three: Toilet Training” curriculum are specified in this Trainer Manual. Your role is to introduce the topic, go over the content, demonstrate the steps as necessary, and cover how the content should be applied as they work with the individual they care for. You will facilitate and instruct participants on how to conduct preference assessments, record and graph data, and implement a toilet training program. You will be presenting material, asking questions, facilitating role playing exercises and discussions, and helping the trainees understand, design, implement and revise the program to meet the individual’s needs. You will need to be prepared for each session. Take note of the “Preparing for This Session” boxes throughout this manual.

### ***Trainer Objective: To Encourage and Empower***

**As a trainer of this curriculum, your primary objective will be to help each parent or caregiver become comfortable with the assessment and intervention techniques contained in the curriculum so that he or she can implement them successfully with the individual they support.**

**Your job is to *encourage and empower the caregivers* to take the positive, proven steps contained in this course to improve the life of the individual they care for. This work is difficult, but will be worth their effort. The people you will be training need to hear that. Be sure to encourage and empower them in each session!**

### **Trainer Requirements**

People who conduct this training workshop should be experienced trainers with extensive experience working with individuals with autism spectrum disorders (ASDs) and developmental disabilities, as well as with their families. A background in applied behavior analysis is highly recommended.

### **Class Size**

The workshop is designed for a maximum of 10 caregivers to attend each sequential session. Keep a record of attendance at all sessions.



## Space Requirements

The training room must accommodate 11 people, and be large enough to allow the trainer to circulate and engage in quiet, semi-private conversations with individual caregivers. Following the training sessions, the room should be returned to the initial configuration. Room and equipment requirements are:

- Tables and chairs (with room to move around for role plays)
- An accessible copy machine
- Newsprint for posting session ground rules (optional)

## Estimated Time – 90 minutes

The time limits listed next to each segment of the session are rough guides. Be flexible with time, allowing more time for areas that seem to require it and shortening other areas that can be briefer.

## Workshop Materials

There are two binders (a Caregiver Manual and a Trainer Manual) associated with this workshop. The Caregiver Manual contains space for the participants to record information about the individual they care for. It also contains all the data sheets they will need to complete homework. Occasionally, additional copies of a data sheet may be needed.

It may be helpful to have a watch or clock in view so that you can pace your presentation of the material and exercises for each session. There is a lot of material to cover in each session.

For Sessions 1 – 4 you will need to provide:

- several types of reinforcers (toys, books, snack foods, soda, games)
- props for the Role Plays for Tell-Show-Do (a cup, a book, teddy bear etc.)
- pencils for participants to use in practicing data collection
- extra copies of relevant data sheets



## Conducting Workshop Training

Take the time to learn the training materials and rehearse the role play scenarios and different procedures before delivery of the training. Present the information in your own words. This will free you from reading the trainer materials verbatim and make you a more confident and effective instructor. To illustrate a point, consider using examples drawn from your own experience in working with individuals with ASDs and other developmental disabilities.

## Collecting Data

The Institutional Review Board of OPWDD's Institute for Basic Research has determined that data collection associated with Targeting the Big Three is not human subjects research and has authorized OPWDD to collect anonymous data on individuals with developmental disabilities in relation to this training program (See p. 8 T). It is important that you (the trainer) maintain the anonymity of the data collected in your training sessions by completing the following steps:

- At the beginning of your training sessions -
  - complete and submit the Agreement to Exchange and Maintain Anonymous Data (p. 9 T) to Dr. Helen Yoo, IBR Dept. of Psychology, 1050 Forest Hill Road, Staten Island, NY 10314.
  - complete the Data Coding sheet (p. 11 T) to ensure you record data accurately and anonymously throughout the training.
- At the conclusion of the training sessions - mail all of the coded data sheets (but NOT the Caregiver Data Coding sheet) to Dr. Helen Yoo.

Throughout the training sessions, you should collect the assigned homework data at the beginning of each session. Make copies of the homework during a break and return the data sheets to the trainees before the end of the session. If you do not have access to a copy machine, ask the trainees to make a copy of each homework data sheet prior to session and submit that copy to you at the beginning of each session. For trainees who do not have access to a copy machine, collect the data at the end of the last two training sessions. Arrange to return the data to the trainee (e.g., by mail, scanning & email, etc.)



**INSTITUTE FOR BASIC RESEARCH  
Institutional Review Board  
Research Foundation for Mental Hygiene, Inc.**

**PROTOCOL DISPOSITION FORM**

PROTOCOL: Initial      Insert ONE: Initial Review, Continuing Review, Amendment,  
Withdrawn or Completed)

PROTOCOL NUMBER: 497

INVESTIGATOR NAME: J. Helen Yoo

TITLE: Targeting the Big Three: Challenging Behaviors, Mealtime Behaviors and Toileting,  
A Train the Trainer Program to Benefit Parents, Caregivers and Staff

1.  At the 12/7/10 (date) meeting of the IRB the above protocol was evaluated

The above protocol was approved by expedited review on (date)

Monitoring: Capacity evaluation: Continuing Review due on (date) (at least annually).

Comments: This project was reviewed by a convened meeting of the IBR IRB. The Board found that the project does not involve human subjects research.

2. The above entitled protocol was reviewed by the Facility Director/Designee on (date) and was:

APPROVED (Decision includes use of state staff time)

DISAPPROVED Comments:

Date Facility Director/ Designee

3. The above entitled protocol has been reviewed by the Research Foundation for Mental Hygiene Inc., and the New York State Office of Mental Health according to the procedures described in Section 3.6 of the Manual for Institutional Review Boards.

APPROVED

DISAPPROVED

Comments:

Date Susan J. Delano, Deputy Managing Director Research Foundation for Mental Hygiene, Inc

**Institute for Basic Research  
in Developmental Disabilities**

W. Ted Brown, M.D., Ph.D., Director

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**AGREEMENT TO EXCHANGE AND MAINTAIN ANONYMOUS DATA**

As a research scientist authorized to receive anonymous data on individuals with developmental disabilities in connection with Targeting the Big Three: Challenging Behaviors Mealtime Behaviors, and Toileting. A Train-the-Trainer Program to Benefit Parents, Caregivers & Staff, a training project reviewed by the Institutional Review Board (IRB) of the Institute for Basic Research on December 7, 2010, I, J. Helen Yoo, Ph.D., BCBA-D, hereby acknowledge that I have a legal, professional, and ethical duty to maintain the anonymity and confidentiality of the individual records I receive.

In accordance with this duty, I will receive **anonymous data**, which cannot reasonably be linked, directly or indirectly, to a specific client or caregiver, who will receive *Targeting the Big Three* trainings from \_\_\_\_\_ (DDSO/voluntary agency).

The data collected by the above DDSO/voluntary agency will be coded by the trainer as follows, prior to being sent to Helen Yoo at 1050 Forest Hill Road Staten Island NY 10314:

- ◆ Name of DDSO/voluntary agency—Trainer's Initials—Participant Code—Age of the Individual with DD (e.g., Staten Island—HY—A—18)

\_\_\_\_\_  
(DDSO/voluntary agency) and I agree to take whatever measures necessary to secure such data against unauthorized disclosure and agree to return, destroy or delete any identifying data.

  
\_\_\_\_\_  
PI Signature

12/16/2010  
\_\_\_\_\_  
Date

J. Helen Yoo  
\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (typed or printed)





## Caregiver Data Coding

*Instruction:* Use this form to help you keep track of the names and codes assigned to each participant. Before you send the data to Helen Yoo at the end of the training, write the unique, anonymous code assigned to each participant on top of the respective data sheets. If there are multiple data sheets per participant, staple them together and place the anonymous code on the top page. Do not send this Caregiver Data Coding form to Helen Yoo. Keep it safe and confidential.

Example: Staten Island—HY—A—18

Workshop (circle one): Challenging Behavior / Mealtime / Toilet Training

Training Dates: \_\_\_\_\_

DDSO Location/ Agency Name	Trainer Initials	Participant (Caregiver) Name	Participant Code	Age (in years) of the individual with DD
			A	
			B	
			C	
			D	
			E	
			F	
			G	
			H	
			I	
			J	





### **Keys to Effective Instruction**

1. Be enthusiastic about the topic and the training program. Participants need to know it can change their lives.
2. Start on time. End on time.
3. Be respectful of the participants. Validate their frustrations and experiences.
4. Support the curricula with your own facts and experiences.
5. Be clear and direct during training. Instruct the participants to follow along in their Caregiver Manual.
6. Invite questions from the participants.
7. Encourage sharing of personal stories. Participants gather strength and encouragement from each other.
8. Cite scientific references (peer reviewed journal articles) and authorities.
9. Be honest with the participants. If you don't know the answer to a question, say you'll consult the sources and get back to them.
10. Use questions to elicit discussion and uncover issues that might hinder success:
  - What do you think will be easiest to implement in this session? The most difficult?
  - Use retrospective "think back" questions. Ask the participants to remember their past experiences instead of a hypothetical situation.





# Session I: Introduction

## Applied Behavior Analysis & Toilet Training Overview

### Preparing for this Session

**Purpose** – In this session you will:

- make introductions,
- provide an overview of the workshop,
- introduce general information about Applied Behavior Analysis,
- help caregivers identify target behaviors,
- help caregivers identify realistic goals, and
- prepare participants to collect baseline toileting data.

At the conclusion of Session 1, you will review each of these accomplishments with the participants.

### To Prepare:

- Read through the entire session in the Trainer Manual
- Become familiar with the Baseline Toileting Data Sheet and Toilet Training Graph
- Bring an enlarged version of the Baseline Toileting Data Sheet (newsprint or power point)
- Bring extra copies of Baseline Toileting Data Sheets and Toilet Training Graph
- Assemble name tags



## Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

### Sign-In Sheet

**WORKSHOP** (circle one): Challenging Behavior, Mealtime, Toileting

**TRAINER:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				





**Introductions (5 minutes)**

1. Arrive at the training location a few minutes early to prepare and greet participants as they enter the room.
2. Ask participants to sign the attendance list (including collect phone #/email) and create name tags. Based on this form, complete the Caregiver Data Coding sheet at a later time.
3. Distribute the training manual.
4. Welcome participants to the training and introduce yourself (tell your name, what you do in your job and a little about your experience.)
5. Inform participants where the restrooms, water fountain, vending machine, and nearest exit are before beginning the workshop.
6. Explain the disclaimer and ask participants to sign it.
7. Collect the disclaimer.

**Disclaimer**

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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](http://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



**Ice Breaker (10 minutes)**

- Instruct participants to walk around the room and introduce themselves to as many people as they can in five minutes.
- When five minutes is up, ask the participants to pair up and introduce their partner to the group, telling a little bit about that person such as: Name, Where they work, How long they have worked there, who they care for with ASD or another developmental disability and perhaps where they're at in their life or work with that individual (e.g., barely hanging on, feeling optimistic, overwhelmed, etc.)

**Set Ground Rules (5 minutes)**

- Explain the following ground rules to the group and ask if anyone has any additional rules to suggest. You may want to write these on a piece of newsprint and bring them to each session.
  - Be on time.
  - Place cell phones on silent or vibrate.
  - No talking on cell phones or texting. If you need to take a call, leave the room.
  - Be open and honest, but know that you do not need to share any personal information you are not comfortable sharing.
  - What is said in the room stays in the room.
  - Do assigned "homework."
  - Do not make up data.
  - Listen to what others are saying (no side conversations).
  - (Add any other ground rules or housekeeping items that are important to the setting or instructor.)



## 1. Program Overview (8 minutes)

- Targeting the Big Three has been designed for parents and caregivers of individuals diagnosed with ASDs and other developmental disabilities. It offers three distinct, scientifically-based, behavioral curricula that address three targeted problem areas.
- This four-week series is focused on the management of toileting problems.
- Two other trainings address challenging behaviors and mealtime behaviors.
- Some participants may attend all three training topics. Some may only choose one or two.

### Workshop Background:

- This workshop is intended to help caregivers learn a toilet training program designed for individuals with ASD and other developmental disabilities.
- Like the other trainings offered by Targeting the Big Three, this workshop's content is based on the science of behavior which forms the basis for Applied Behavior Analysis or ABA.
- ABA is based on the idea that all behavior serves a purpose or function.
- This training will help participants understand the individual's problematic toileting behavior and use that knowledge to help promote appropriate toileting behavior.

### During the training sessions:

- The trainer will teach basic ABA concepts and behavior intervention techniques proven to change behavior.
- Participants will learn how to collect, record, and graph data so that they can compare toileting behavior before and after toilet training to track progress for the person they support.
- They will be asked to use the techniques with the individual and come back to class to discuss their experiences.
- Collecting data will be an ongoing homework assignment.



Program Sessions:

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



## 2. Caregiver Commitment (2 minutes)

[Remind participants of the need for their dedicated commitment to the learning process within this training. Remind participants about the required data collection component of this program.]

[Ask:]

*“Take a moment to think about your commitment and your willingness to complete the required homework assignments.”*

[Ask:]

*“Does anyone have any concerns about their ability to collect data successfully?”*

[Invite ideas from the group about what might help those caregivers with concerns to implement what they learn and to collect the necessary data. (e.g., how to plan and time their intervention sessions according to family routines and schedules, individual energy patterns, enlist help in collecting data, etc.)]

## 3. Description of the Individual (7 minutes)

[Ask:]

*“Think about the individual you care for and record your responses to the questions in the Caregiver Manual.”*

[Engage the group in a discussion about the individuals, using the questions in the manual as a guide (listed below).]

Assure the participants that they need share only as much information as they wish.]

Questions:

- *Describe the individual’s strengths*
- *Describe the individual’s areas of challenge*



- *Describe past toilet training experience, include positive and negative aspects*
- *How does the individual communicate?*

#### **4. Introduction to Applied Behavior Analysis (5 minutes)**

[Instruct:]

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.”
- 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.
- Provides a format to measure behavior, teach functional skills, and evaluate progress objectively.
- Breaks behavior down into small parts so that individuals with ASDs and other developmental disabilities can learn and accomplish things much easier.
- Provides abundant positive reinforcement for appropriate, desirable behaviors.
- 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 are 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 (15 minutes)

[Instruct:]

- 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.
- Most children without ASDs and other DDs are successfully toilet trained.
- Individuals with ASDs and other DDs may face 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 other 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.
- 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.
- 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.



[Say:]

*“Take a few minutes to think about the individual you support. Focus on current toileting skills and any past experiences you or the individual has had in toilet training.”*

[Engage the group in a discussion about the individuals, using the questions in the manual as a guide (listed below).

Assure the participants that they need share only as much information as they wish.]

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?
- Have you done toilet training with an individual without ASD/DD? Describe any differences and/or similarities in this experience as compared to your experience with the individual with ASD/DD. What do 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?

[Instruct:]

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



[Say:]

*“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 (10 minutes)**

[Instruct:]

- 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 (10 minutes)**

[Describe why it is important to identify target behaviors and establish goals:]

- Identifying specific target behaviors allows caregivers to think about which particular behaviors are the most important to address. This process helps the caregiver to determine priorities and work towards an identified outcome.
- Knowing exactly which behaviors you want to address helps the caregiver collect clear baseline data and clearly measure progress once the intervention begins.



- It allows caregivers to identify specific intervention techniques that will address the target behaviors and lead to greater success.
- It allows caregivers and parents to ask, “What toileting improvements would really make the greatest improvements in our lives together?”
- For instance, it may be more important to address a behavior such as defecating in their pants than to address that person’s inability to complete all steps of using the toilet independently.
- Being realistic at the outset is crucial.
- 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 goals *realistic* means they are achievable.
- Being realistic keeps the picture positive. It focuses attention on progress, rather than perfection.

[Say:]

*“Let’s take a closer look at behavioral goals and toilet training:”*

- 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.



[Lead participants in a discussion about the importance of making elimination in the toilet their number one priority.]

[Ask participants if they understand this concept and if they have any questions.]

[Say:]

*“On p.13 in your manual, there is a list of tasks commonly associated with independent toileting. You may need to work on some or all of these tasks during the process of toilet training:”*

[Lead participants through a review of the list of tasks associated with independent toileting:]

- Tasks List:
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)

[Ask:]

*“How many of you will have to work on some or all of these tasks with the individual you care for?”*

[Engage the group in a discussion about steps towards independent toileting that their individual may have accomplished.]

[Ask:]

*“What do you hope to achieve as a result of learning how to intervene effectively with problem behaviors?”*

(Example: decrease urination accidents from 4 accidents to 2 accidents per day)

[Have participants complete the chart in their manual on p.14 C (p. 30 T).]

[Say:]

*“In addition to elimination problems, describe the individual’s top three toileting behaviors and behavioral goals that they would like to target for intervention.”*

[Circulate throughout the room and assist as necessary.]

List the behavioral goals for the individual to whom you provide care:

Target Behavior	Behavioral Goal
1.	
2.	
3.	



[Ask participants to share the information on their charts. Provide feedback on how the caregivers define each target behavior and/or select from among several behaviors the most important ones to work on. ]

## 8. Collecting and Displaying Data to Track Progress (8 minutes)

[Instruct:]

- Carefully observing the individual you work with and recording information about that person's behavior is the foundation of all we will do in this course. Taking data before, during and after training will show whether the training is helping or not.
- By collecting and graphing data using the forms provided in your manual, you will:
  - Determine the baseline (current) level of the behavior
  - Determine if an intervention technique is working to reduce the behavior
  - Be able to see your progress so that you will keep going.
- The results of all the intervention techniques will be in the data you collect and bring to class.

[Introduce and explain how to use the **Baseline Toileting Data Sheet**:]

- You will now learn how to collect, record, and graph data about the toileting behavior of the individual you care for.
- Essentially, you will record each time 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. 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** (p.17 C; p. 33 T) should be used for recording information about the individual's current elimination patterns.



- The **Toilet Training Graph** (p. 18 C; p. 35 T) should be used to graph the number accidents per day based on the **Baseline Toileting Data Sheet** (i.e., select *wet*, *soiled*, or both).
- 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.
- Note how the Baseline Toileting Data Sheet is to be completed.
  - In Column 3, “Successful Voided 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 to convey her 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.

[Instruct:]

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.











## Privacy and Confidentiality

[Say:]

- *“These data sheets and all other data sheets will be coded so that the results of this training program may be summarized anonymously.*
- *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 myself.”*

[Instruct:]

- The data collected will be coded like this:

Name of DDSO or voluntary agency – Trainer’s Initials – Participant Code – Age of the individual you care for

Example: Staten Island - HY - A – 17

[Ask:]

*“Does anyone have any questions about how to use the Baseline Toileting Data Sheet and the Toilet Training Graph or how we will protect the privacy of your data?”*

[Be sure all participants are confident they can use the Baseline Toileting Data Sheet and the Toilet Training Graph.]

## 9. Review and Homework (5 minutes)

### Review

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]



*“Okay, who can tell me, in plain language, something you learned today?”*

[Be sure to let them know all they accomplished:]

- Got to know each other
- Received an overview of the workshop and its four sessions
- Learned the basic concepts of Applied Behavior Analysis (ABA)
- Identified independent toileting skills
- Identified target behaviors
- Set realistic goals for improvement
- Learned how and why we collect baseline data

Good review questions might include:

- What is ABA?
- What should be the first goal of your individual's toilet training program?

[Walk participants through “Are you ready for your homework” in their manual:]

***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 data using the Baseline Data Sheet and the Toilet Training Graph? If not, what are your concerns?

Does anyone have any questions at all?

[Say:]

***“Remember:*** *You know the individual best. You are the best person to document his or her behavior. Writing it down is the*



*first step to improving his or her behavior. Bring your completed worksheets with you to the next class. “*

**Homework**

[Say:]

*“Your homework this week is to collect baseline toileting data using the Baseline Toileting Data Sheet and the Toilet Training Graph and bring your data sheet to the next session.”*

**Send Off**

[Say:]

*“In Session 2, we will learn how to determine an individual’s preferences so that we can use what she likes to motivate changes in her behavior. We will also learn how to provide the right amount of assistance to the individuals as they learn.”*

[Thank the participants for their attention and dedication to the program.

Dismiss them with encouragement.]

**END OF SESSION 1**





## Session 2: Preference Assessment

### Preparing for this Session

**Purpose** – In this session you will:

- Discuss baseline data collected (Baseline Toileting Data Sheet)
- Teach participants how to conduct two types of Preference Assessments
- Teach participants how to assist individuals with a 3-Step Guided Compliance Model
- Prepare participants to complete homework

At the conclusion of Session 2, you will review each of these accomplishments with the participants.

**To Prepare:**

- Read through the entire session in the Trainer Manual
- Review the Baseline Data Sheet and the Toilet Training Graph
- Assemble the example reinforcers you will bring to class for the Role Plays (for both Paired Choice and Edible Paired Choice Preference Assessments)
- Prepare Role Plays for Preference Assessments; know how you will conduct this segment of the class
- Assemble the props you will use for the Tell-Show-Do Role Plays
- Prepare Role Plays for the Tell-Show-Do model; know how you will conduct this segment of the class



## Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

### Sign-In Sheet

**WORKSHOP** (circle one): Challenging Behavior, Mealtime, Toileting

**TRAINER:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

	<b>Participant Name</b> <i>(First, Last)</i>	<b>Phone Number</b>	<b>Email</b>	<b>Primary Role</b> <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				





## 1. Review (10 minutes)

[Instruct:]

Last session, we:

- Learned the basic concepts of Applied Behavior Analysis

Good review questions to ask might include -

- Why do we care about the purpose or function of behavior?
- What is ABA?
- Reviewed the basics of toilet training
- Identified target behaviors
- Set realistic goals for improvement
- Learned how and why we collect baseline data
  - Why is data so important to this process?

[If participants struggle to answer the review questions, provide the answers for them. Remind them of the basic concepts of ABA.]

[Remind them of the importance of collecting data: **information (data) empowers them to change the individual's behaviors.**]

[Instruct:]

In today's session, we will:

- Discuss baseline data collected
- Learn how to conduct two types of Preference Assessments
- Learn how to assist individuals with 3-Step Guided Compliance
- Prepare to complete homework



## 2. Discuss Baseline Data Collected Since Session 1 (10 minutes)

[Instruct:]

- Since our last session, you have been collecting, recording, and graphing baseline data about the individual's behavior. Have participants take out their Baseline Toileting Data Sheet and the Toilet Training Graph so the group can discuss the results.

[Ask the participants to write their answers to the questions in the caregiver manual. After a few minutes, read each question and discuss as a group:]

- *How was your experience with completing the Baseline Toileting Data Sheet and the Toilet Training Graph? Was it easy or difficult to do? What were your obstacles?*
- *In completing the Baseline Toileting Data Sheet and the Toilet Training Graph, what did you learn about the individual you care for? Did it show you any patterns of behavior you hadn't realized before? What are they?*
- *Did you notice any additional toileting patterns that relate to the target behaviors you identified during the last session?*
- *If you did observe additional toileting patterns that relate to the target behaviors, are your stated behavioral goals still appropriate? If not, take a few minutes now to go back and adjust them.*

[Spend a few minutes brainstorming solutions to any obstacles mentioned. Ask the group members for ideas. Provide helpful suggestions.]

## 3. Preference Assessment (40 minutes)

[Instruct:]

- 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 or 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 things (toys, leisure time, and favorite activities) and also using food items (known as an Edible Paired Choice Preference Assessment).
- It is important that the individual does not have what we refer to as “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 him all day long, then he is 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 usually leads to longer lasting behavior change than punishment does.

[Explain:]

To conduct a Paired Choice Preference Assessment, you will need the following supplies: table and chairs, 6 preferred items, a data sheet, timer, and Post-it notes or sticker labels.

[Walk the group through the steps of Paired Choice Preference Assessment:]

## Tangible Paired-Choice Preference Assessment

1. List 6 tangible 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. Record the items you have identified in the chart on p. 24 C (p. 48 T) of your manual. 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 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.
  - i. Do not provide praise for making a choice.
  - ii. Block any attempts to touch (or gain access to) both items simultaneously.
  - iii. Record the individual's choice on the data 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 C (p. 49 T) in your manual, continue to present sets of two items until all items have been paired with one another.

[Explain that 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.

Explain how to use this sequence chart.]

### Paired Item Presentation Sequence

The first item should always be presented on your left.

Trial	Pairing 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

[Ask:]

*“Does anyone have any questions about how to present the pairs of items to the individual?”*

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 in the chart on p. 26 C (p. 50 T) of your manual.

[Next, explain how to tally results:]

From the chart above, count the number of times the individual selected an item, divide it by 5, then multiply that number by 100 to obtain a percentage.

Example: Item 1 selected 3 times out of 5 opportunities ( $\frac{3}{5} \times 100 = 60\%$ )

- ✓ Item 1 selected \_\_\_\_\_ times out of 5 opportunities ( /5) x 100 = \_\_\_\_\_ %
- ✓ Item 2 selected \_\_\_\_\_ times out of 5 opportunities ( /5) x 100 = \_\_\_\_\_ %
- ✓ Item 3 selected \_\_\_\_\_ times out of 5 opportunities ( /5) x 100 = \_\_\_\_\_ %
- ✓ Item 4 selected \_\_\_\_\_ times out of 5 opportunities ( /5) x 100 = \_\_\_\_\_ %
- ✓ Item 5 selected \_\_\_\_\_ times out of 5 opportunities ( /5) x 100 = \_\_\_\_\_ %
- ✓ Item 6 selected \_\_\_\_\_ times out of 5 opportunities ( /5) x 100 = \_\_\_\_\_ %

Items that are selected at least 80% or above are considered possible reinforcers. If the items selected were all *less* than 80%, use the top two most preferred items.

[Say:]

*“These highly preferred items are likely to serve as reinforcers. You will want to use them during toilet training.”*

*“Before the next session, your homework will be to use six preferred items in paired trials to determine your individual’s preferences following the presentation of items table on p.26.*



*Be sure to record the results of this assessment in the results table on p.26 and bring it with you to Session 3.”*

### **Role Play**

[With a volunteer and the example items you brought to class, role-play a preference assessment and demonstrate the use of the pair presentation sequence chart and recording of the data.]

[Ask a pair of caregivers to do a role play in front of the group. Advise them as they work through a preference assessment using 6 items.]

[Ask:]

*“Does anyone have any questions on how to complete the Tangible Paired-Choice Preference Assessment?”*

[Instruct:]

### **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 in modifying challenging behavior.
  - Thus, the purpose of an edible paired choice preference assessment is to identify and rank order potential edible reinforcers that will be used to motivate the individual.
  - Explain: You will need the following supplies: table and chairs, data sheet, pencil, timer, food and/or beverage, spoons, cups, plates, napkins, bib (if necessary)
  - Walk the group through the following steps to an Edible Paired Choice Preference Assessment.
1. Using the “List of Foods to Assess” table on p. 28 C (p. 52 T), list 6 edibles the individual consistently consumes or highly prefers. It may be useful to number each food item container or plate 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 just 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").

[Explain how to use the Paired Food Item Presentation Sequence chart:]

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

5. If the individual selects one by pointing or taking the spoon or drink, 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 the food (expelling), or refusal behaviors (e.g., head turns, disruption, and mouth covers) and crying.
8. Using the chart on the next page, continue to present sets of two choices until all choices have been paired with one another.
9. Rank order the individual's preferences by (a) calculating the number of times the individual selected a food, (b) dividing that number by 5, then (c) multiplying that number by 100 to obtain a percentage.

Example: Food 1 selected 5 times out of 5 opportunities ( $\frac{5}{5} \times 100 = 100\%$ )

- ✓ 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 = \_\_\_\_ %

10. 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.

List highly preferred foods (Foods that are selected at least 80% or above are usually considered reinforcers):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Say:]

*“These highly preferred food items are the potential edible reinforcers you will want to use during behavioral interventions.”*

### Role Play



[With a volunteer and the example items you brought to class, role-play an edible paired-choice preference assessment and demonstrate the use of the edible pair presentation sequence chart and recording of the data. Be sure to demonstrate how to handle the more difficult situations (e.g., refusals, attempts to get both food items, etc.) ]

[Ask a pair of caregivers to do a role play in front of the group. Advise them as they work through a preference assessment using 4-5 potential edible reinforcers.]

[Ask:]

*“Does anyone have any questions?”*

[Say:]

*“Before the next session, your homework will be to use potential preferred items (tangible and edible items) in paired trials to determine your individual’s preferences following the presentation of items table on p. 29. Be sure to record the results of this assessment in the results table on p. 30 and bring it with you to Session 3.”*

#### **4. Three-Step Guided Compliance (Tell, Show, Do) (15 minutes)**

[Instruct:]

- 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 way for you to teach the individual what you want her to do by first telling, then showing, and then guiding or helping her “do” it herself.
- If you use this procedure consistently, you will find that the individual requires less assistance to complete tasks over time. Obviously this procedure must take into consideration the individual’s cognitive and physical capacity for completing the task so keep this in mind when determining if this is an appropriate strategy or not.



[Walk the group through the following steps of the Three-Step Guided Compliance Strategy:]

### 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 specifically as possible. 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. Wait 5-10 seconds for her to carry out the request. Do not repeat the request.
5. If the individual complies, provide brief praise and a smaller or brief reinforcement.
6. If the individual does not comply, physically guide her. 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.
9. Remember, this strategy is not intended to be punitive or harsh.

**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

### Role Play



[Using Tell-Show-Do, role play with one participant teaching a simple task such as pushing a chair.]

[Ask another pair of participants to role play teaching another task such as putting a pencil down when done.]

[Ask participants to work with each other on similar role plays (other examples include combing one's hair, putting on shoes, zipping a jacket, etc). Circulate around the room and observe/comment on their role playing.]

[Ask:]

*“Does anyone have any questions about this strategy or how and when it may be appropriate?”*

## **5. Review and Homework (8 minutes)**

### **Review**

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

*“Okay, who can tell me, in plain language, something they learned today? “*

[Be sure to let them know all they accomplished. In today's session, we:]

- Discussed the baseline data you collected
- Learned how to conduct two types of Preference Assessments
  - Good questions to ask might include -
    - “Who can name the two types of Preference Assessment we learned?”
    - “Why do we conduct Preference Assessments?”
- Learned how to assist individuals with Tell-Show-Do
  - A good question might be:
    - “Why do we use Tell-Show-Do?”
- Prepared to complete Session 2 homework



[Walk participants through “Are you ready for your homework?” in their manual. Answer any questions.]

***Are you ready for your homework?***

- *Do you have any questions about Preference Assessment?*
- *Do you feel ready to conduct the Preference Assessments? If not, what are your concerns?*
- *Does anyone have any questions at all?*

**Homework**

[Say:]

*“Your homework this week will be to:*

- *Conduct Tangible Paired-Choice Preference Assessment*
- *Conduct Edible Paired-Choice Preference Assessment*
- *Practice Three-Step Guided Compliance Tell-Show-Do Strategy”*

**Send Off**

[Say:]

*“In Session 3, we will:*

- *Review results of the Preference Assessments*
- *Learn toilet training guidelines and techniques*
- *Continue to collect data for toilet training”*

[Thank the participants for their attention and dedication to the program.]

[Dismiss participants with encouragement.]

**END OF SESSION 2**



## **Session 3: Toilet Training Guidelines and Techniques**

### **Preparing for this Session**

**Purpose** – In this session you will:

- Discuss the results of participants' preference assessments
- Teach participants toilet training guidelines and techniques
- Continue to collect and graph data during toilet training

At the conclusion of Session 3, you will review each of these accomplishments with the participants.

### **To Prepare -**

- Read through the entire session in the Trainer Manual
- Bring an enlarged version of the Toilet Training Data Sheet (newsprint or power point) and Graph
- Bring extra copies of Toilet Training Data Sheets and Graph



## Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

### Sign-In Sheet

**WORKSHOP** (circle one): Challenging Behavior, Mealtime, Toileting

**TRAINER:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

	<b>Participant Name</b> <i>(First, Last)</i>	<b>Phone Number</b>	<b>Email</b>	<b>Primary Role</b> <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				





## 1. Review (5 minutes)

[Instruct:]

Last session, we:

- Discussed the baseline data you collected
- Learned how to conduct two types of Preference Assessments
  - Good review questions to ask might include –
    - What are the two types of preference assessments?
    - Why do we do a preference assessment?
- Learned how to assist individuals with Tell-Show-Do
  - Who remembers how Tell-Show-Do works?
- Prepared to complete Session 2 homework

[If participants struggle to answer the review questions, provide the answers for them.]

[Remind them of the purpose of preference assessment and how to use Tell-Show-Do.]

[Remind them of the importance of collecting data (in this case, the preference assessments)]

***[Emphasize that information (data) empowers them to change the individual's behaviors.]***

[Instruct:]

- In today's session, we will:
  - Discuss the results of your preference assessments
  - Learn essential guidelines for conducting toilet training
  - Learn skills for conducting a toilet training program
  - Review data collection requirements for the toilet training program



## **2. Discuss Results from the Preference Assessments (15 minutes)**

[Instruct:]

- Since our last session, you have conducted two types of preference assessments.

[Have participants take out their Preference Assessment Results so the group members can share their experience.]

[Ask the participants to quietly answer the questions in the caregiver manual. After a few minutes, read each question and discuss as a group:]

- *What was your experience completing the preference assessments? Were they easy or difficult to do?*
- *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?*

[Ask:]

*“Did everyone find at least a couple of items or foods that can be used to motivate the person you care for?”*

[If some did not, ask them to see you after the class to discuss how they might try again to conduct a successful preference assessment.]

## **3. Toilet Training by the Book (1 minute)**

[Instruct:]

- Our toilet training 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.
- 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 (10 minutes)**

[Instruct:]

##### **Get a medical exam**

- Before beginning toilet training, have a medical professional evaluate the individual to determine if any underlying health problems are contributing to incontinence (wetting and/or soiling).
- 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**

- Think about the individual's toileting history and habits so that this information can inform your present toilet training strategy. (Refer participants to the exercise that was completed in Session 1 of this training program on p.11 C; p.26 T.)

##### **Assess the individual's readiness for toilet training**

- To prepare for toilet training, you must first assess the individual's readiness to be trained.
- Consider three areas when evaluating whether it is the right time to begin a toilet training program: language, physiological, and motor skills.

[Instruct participants to review the toilet training readiness categories in their manual.]

[Say:]

*“Take some time to think about the readiness of the individual you care for with respect to the readiness categories described in the manual on p. 37.”*

[Review the readiness categories below with participants.]

Engage participants in a discussion about the individual's readiness to begin toilet training.]

##### **1. Language/Communication Skills:**



- 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 Development:

- 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 Skills:

- 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?

[Say:]

*“Do you think the individual you support is ready to begin a toilet training program?”*

*Does anyone have any concerns about beginning a toilet training program with the individual they support?”*

[If necessary, engage participants in a discussion about individuals’ readiness to begin a toilet training program.]

[Say:]

*“It’s very important to understand that this toilet training program is an intensive one. If you want to be successful, this program requires a full and dedicated commitment.”*



[Instruct:]

- Your **Commitment to Implementing an Intensive Toilet Training Program** involves immersing the individual 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.
- Fading means that the structure, assistance, and support provided by the caregiver will be removed slowly until the individual is engaging in independent toileting.

[Say:]

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

*Your enthusiasm and belief that you can be successful at toilet training belief will help the individual to be successful! Are you ready to get started?”*



## 5. Toilet Training Guidelines (10 minutes)

[Instruct:]

We will now learn guidelines that have proven helpful in promoting a successful toilet training program:

- Try to set aside one entire weekend, beginning on Saturday morning, for toilet training. If you are able to take time off from work, start Friday morning or extend training until Monday to allow for more intensive training.
- Block off time for toilet training only (avoid phone calls, primary childcare of other children, cooking, chores, etc.)
- Eliminate distractions (radio, television, etc.)
- Minimize interruption and audience (siblings, guests, delivery people, etc.)
- Use your 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.

[Refer participants to their manual, p. 39 C. Instruct them to list the words that they use or plan to use to describe the toileting process.]

[Instruct:]

- 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.
- Genital touching should be ignored. Do not comment or otherwise give attention to it. Instead, redirect the individual without showing emotion or disapproval. If appropriate, simply remove the individual's hands away and help him to wash his hands.
- 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.
- For individuals with seizure disorders, do not give too much fluid. Consult a physician regarding the amount of fluid that should be allowed.
- The training setting and process needs to be pleasant for both the individual and caregiver.



- Punishment has no place in the toilet training process. Punishment does not teach, and the resulting negative side effects can create unnecessary caregiver-individual conflicts.
- Use praise and reinforcement for appropriate toileting.
- Praise and reinforcement will help to motivate the individual (e.g., “Good pottying, Nice job peeing, etc.”)
- Set up the bathroom to be as pleasant as possible with your attention and reinforcers (i.e., the reward items you identified in the Preference Assessments).
- Help the individual to find the bathroom to be the most enjoyable place in the house!

[Ask and discuss with the group:]

- *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?*

## **6. Collecting and Graphing Data While Toilet Training (5 minutes)**

[Instruct:]

- During urination and bowel training, you should record data using the Toilet Training Data Sheets provided.
- Using the data sheets 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 (30 minutes)

[Instruct:]

- 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 very effective.

### Materials Needed for Toilet Training

[Instruct:]

- Before getting started with toilet training, you will need to get the following materials:
- Refer to the materials list in your manual.
- Review the materials list:
  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 C and p. 30 C (p. 50 T and p. 54 T))
  3. Snacks (such as saltines, pretzels, nuts, to increase thirst) that are not highly preferred but are likely to be consumed 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 and pencil



### Azrin and Foxx’s Toilet Training Method

[Instruct:]

- We are now ready to describe the toilet training method developed by Azrin and Foxx.
- First, we will describe the process of toilet training for urination.

[Instruct:]

#### 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 in or 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 Toileting Data Sheet (p. 43 C; p. 70 T). (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 clothes changes 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 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 (e.g., 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 or small, brief reinforcement (see #7, above).

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 C; p. 55 T) 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 C; p. 55 T).
    - i. 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).
    - ii. Ignore all inappropriate behaviors while in the bathroom and during clean-up.
    - iii. 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 C; p. 55 T).
  - 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. After a full day of training, place the individual back in diapers. 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 the training for the day.
  13. In Azrin & Foxx’s original studies, individuals consumed their meals in the bathroom. However, it is also feasible to provide 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.
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](http://www.amazon.com)) is an example of a commonly available wetness sensor. Healthcare Common Procedure Code for insurance reimbursement is HCPC #S8270.

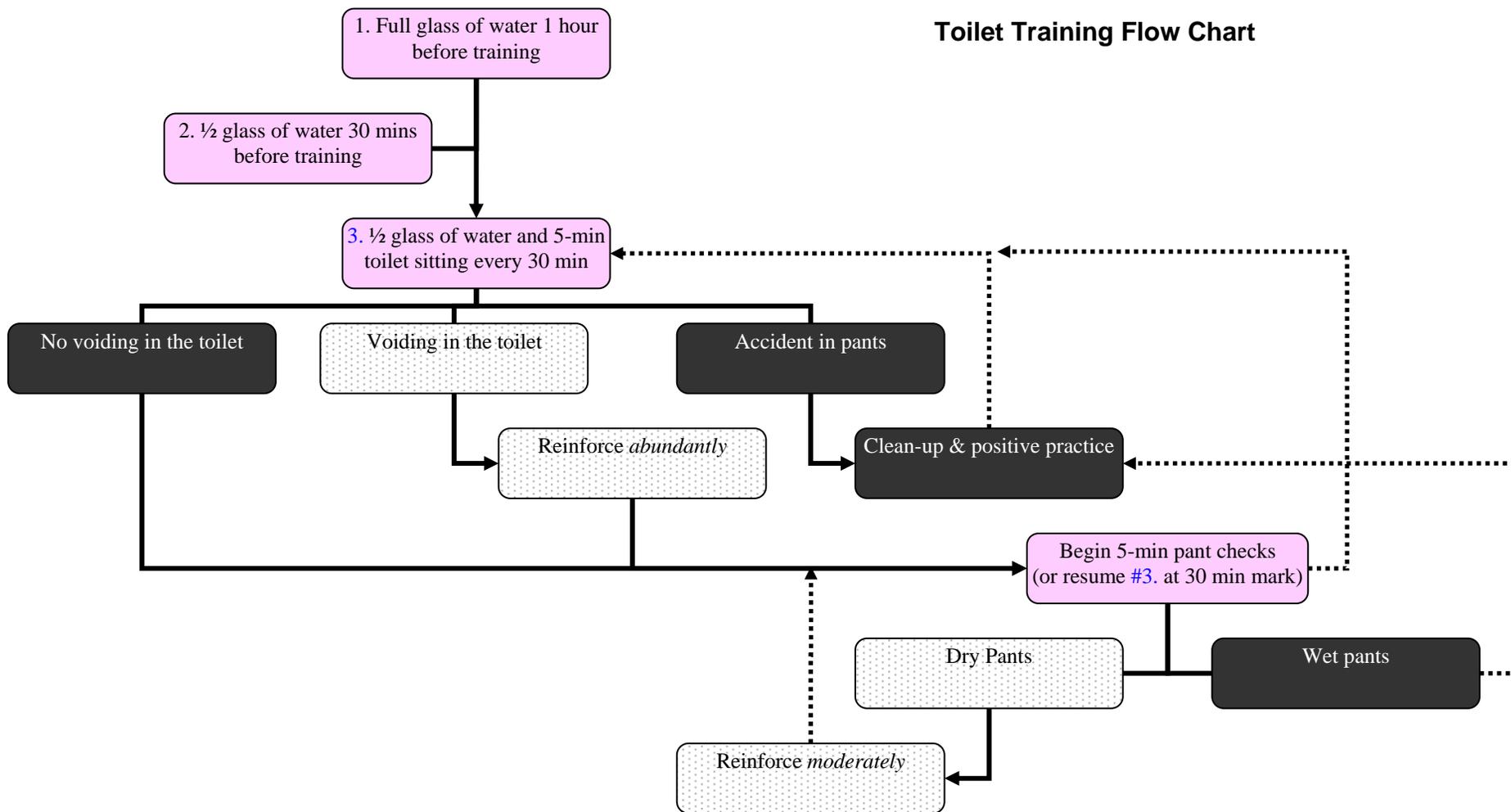
[Ask:]

*“Do you have any questions about teaching the individual to void using the Azrin and Foxx method?”*

*Do you have any concerns about your ability to teach the individual to void using the Azrin and Foxx method?”*



### Toilet Training Flow Chart





## Bowel Training

[Instruct:]

- Bowel movement rarely occurs without urination. Thereafter, a separate bowel training is usually unnecessary following successful urination training.
- 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.
- 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.
- It is important to rule out fecal impaction and constipation which can cause lack of bowel control.
- With fecal impaction and constipation, the individual may have large, hard, or painful bowel movements, which can lead to cycles of holding in the bowel movement to avoid such pain.
- Subsequent bowel movements are made even more difficult due to the retained feces.
- Impacted feces enlarge the colon, and the sphincter loses its muscle tone, ultimately resulting in fecal leakage.
- If constipation is occurring, consult a physician about the possible use of suppositories and enemas to alleviate the condition.
- Record each occurrence of defecation for one week or two using the Baseline Toileting Data Sheet (p. 17 C; p. 33 T). 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. 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 the training for the day.

- 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.
- Refer to the bowel movement patterns identified for this next step:

If the 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 C and p. 30 C; p. 50 T and p. 54 T). Record results on the Toilet Training Data Sheet.
- 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.

[Say:]

*“Do you have any questions about teaching the individual bowel control and defecation?”*

*Do you have any concerns about your ability to teach the individual bowel control and defecation?”*

[Answer all questions.]



## 8. Functional Communication and Toilet Training (5 minutes)

[Instruct participants about the Functional Communication Training section that will take place in the beginning of the next session (Session 4)]

[Instruct the participants to think about whether the individual they support is able to communicate his toileting needs.]

[Have participants list the individual's communication methods in their manual.]

- If the individual is unable to communicate his toileting needs, the individual will benefit from learning alternative ways to communicate with you so that he can obtain immediate attention and assistance to quickly get to the bathroom. Teaching the individual a way to communicate what he wants and needs is called functional communication training.
- If you are interested in learning about functional communication, training on this subject is being offered at the beginning of the next session.
- If you do not need to learn about functional communication, you can arrive at the next training session 30 minutes after the designated start time (i.e., you will come to Session 4 after the segment on functional communication training has been completed.)

[Ask:]

*“Do you have any questions about attending the Functional Communication Training section?”*

## 9. Review and Homework (10 minutes)

### Review

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

*“Okay, who can tell me, in plain language, something they learned today? “*

[Be sure to let them know all they accomplished:]



In today's session, we:

- Discussed the results from the Preference Assessments
- Learned recommended strategies to prepare for conducting a toilet training program
- Learned Azrin and Foxx's method for conducting a toilet training program.
- Reviewed the use of data collection and graphing during the toilet training program.

[Walk participants through "Are you ready for your homework?" in their manual. Answer any questions:]

### ***Are you ready for your homework?***

#### **Questions:**

- *Do you have any questions about urination or bowel training using the Azrin and Foxx method?*
- *Do you feel ready to implement toilet training using the Azrin and Foxx method?*
- *Do you feel ready to use the Toilet Training Data Sheet and the Toilet Training Graph?*

[Answer all questions.]

#### **Homework**

[Say:]

*"This week your homework will be to:*

- *Designate a weekend (or several consecutive days) to implement the Azrin and Foxx toilet training method*
- *Conduct Toilet Training Procedure*
- *Record the individual's progress on the Toilet Training Data Sheet and the Toilet Training Graph*
- *Bring Toilet Training Data Sheets and Graph to the next session."*



## Send Off

[Instruct:]

### **In Session 4, we will:**

- Learn about Functional Communication Training (FCT)
  - Explain Functional Communication Training to caregivers. If the individual they support does not require Functional Communication skills for communication, give those caregivers the option of attending the FCT part of the session, or of coming to the session 30 minutes after the start time, i.e., after the instruction of the FCT module takes place.
- Review progress and results of the Toilet Training program
- Learn how to chain behaviors and work towards additional toileting independence
- Discuss fecal smearing
- Create a plan for continued follow-up and consultation with the trainer.

[Thank the participants for their attention and dedication to the program.]

[Dismiss them with encouragement.]

**END OF SESSION 3**





## **Session 4:**

# **Functional Communication and Toilet Training Progress**

### **Preparing for this Session**

**Purpose** – In this session you will:

- Learn about Functional Communication Training (FCT)
- Review progress and results of the Toilet Training program
- Learn how to chain behaviors and work towards additional toileting independence
- Discuss fecal smearing
- Create a plan for continued follow-up and consultation with the trainer.

At the conclusion of Session 4, you will review each of these accomplishments with the participants.

### **To Prepare -**

- Read through the entire session in the Trainer Manual
- Review all the sessions in the Trainer Manual
- Determine how you will make yourself available to participants for follow-up consultation. You may wish to hand out your contact information during the class
- Make additional copies of the Toilet Training Data Sheet and bring to class





## Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

### Sign-In Sheet

**WORKSHOP** (circle one): Challenging Behavior, Mealtime, Toileting

**TRAINER:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				





[Instruct:]

- In today's session, we will start by learning about Functional Communication Training (FCT).
- If the individual you support does not require Functional Communication Training, you have the option of attending the FCT part of the session, or of taking a 30 minute break during which time the instruction of the FCT module will take place.

## **1. Functional Communication Training (Attendance Optional) (30 minutes)**

[Instruct:]

- 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).
- The functional communication program must be within the individual's reach at all times.
- Before beginning Functional Communication Training (FCT), the individual must be able to consistently urinate and defecate in the toilet and should not have regular accidents.

## **Selecting the Appropriate Means of Communication**

[Instruct:]

- 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 are unsure, consider using another mode of communication based on 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. If the response is not functional, it won't work!
- Begin training with one target response (i.e., one spoken word or one picture). For example, begin with "pee", "potty", "bathroom."

### **Common Alternative/Functional Communication Methods**

[Describe and/or demonstrate the following methods and devices:]

- 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).

[To help participants think about the communication needs of the individuals they care for, lead them through a discussion using the questions in their manuals:]

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 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?*



[Inform participants where they can access the alternative communication methods and devices you have demonstrated.]

### **Procedure for Functional Communication Training:**

[Instruct:]

- 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” 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 C; p. 55 T) 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 praise and reinforcement.
6. Repeat at least 10 times per day 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 per day in a short block of time (10-15 minutes).

[Engage caregivers in a discussion about the following questions:]

4. Do you foresee encountering any obstacles to doing Functional Communication Training with the individual for whom you care?
5. Do you have any questions about how to teach Functional Communication?
6. Do you feel ready to conduct the FCT process? What are your concerns?

[Answer all questions]

**[At this point in the Session 4, caregivers who did not attend the module on Functional Communication Training should re-join the group.]**

## **2. Review (10 minutes)**

[Say:]

*“In the previous session, we:*



- *Discussed the results from the Preference Assessments*
- *Learned recommended guidelines and strategies to prepare for conducting a toilet training program*
- *Learned Azrin and Foxx’s method for conducting a toilet training program.*
- *Reviewed the use of data collection and graphing during the toilet training program.”*

*“In today’s session, we will:*

- *Review progress and results of the Toilet Training program*
- *Learn how to teach other bathroom-related behaviors and work towards additional toileting independence*
- *Discuss fecal smearing*
- *Create a plan for continued follow-up and consultation with the trainer.”*

[Ask caregivers to take out their Toilet Training Data Sheets and Graph. Lead caregivers through a discussion of their experience and progress with the Toilet Training Program. Use the following questions as a guide:]

- *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 C; p. 30 T) on which you identified problem areas, or target behaviors, that you wanted to work on with the individual. 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.*

### **3. Working Toward Independence: Common Problem Areas during Training (10 minutes)**

[Instruct:]

- In Session 1, we discussed how most of you would find that implementation of the toilet training program would bring about positive changes in the individual's toileting behaviors.
- If 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.).
- As you add new behaviors to the training program, you will attach, or chain, them to the process of eliminating in the toilet.
- 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:
  - Has no accidents,
  - Eliminates immediately upon sitting on the toilet, and
  - Tries to eliminate while sitting on the toilet (usually indicated by facial or body straining)

[Say:]

*“Let’s discuss guidelines to help you teach additional toileting skills.”*



[Instruct:]

### **Refusal to Sit on the 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 on the toilet.
- Have the individual sit on the toilet.
- Once the individual is successful in sitting consistently on the toilet with the cardboard, cut-out a small part of it (preferably in the middle)
- Gradually increase the size of the cardboard cut-out (hole) on the toilet.
- 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 removing or 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.

[Ask:]

*“Do you have any questions about teaching related behaviors to promote independent toileting skills?”*



[Answer all questions]

#### **4. Toileting accidents after achieving continence (10 minutes)**

[Instruct:]

- 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.
- Procedures:
  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 – See p. 31 C; p. 55 T)
  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 (5 minutes)

- 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 ABA, challenging behaviors are generally looked at as being learned and maintained by what happens immediately before and after the problem behavior.
- 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.)

[Ask:]

*“Is there anyone here that cares for an individual who engages in fecal smearing behavior? I 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?”*

## 6. Create a Plan for Continued Consultation with the Trainer (10 minutes)

[Instruct:]



- 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.

[Say:]

*“I 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”*

[Ask participants to reflect on their progress and determine their ongoing need for assistance.]

[Ask:]

- *“Do you plan to continue working to implement the toilet training program for this individual?”*
- *If yes, do you think the toilet training program will need further fine tuning? In what ways?*
- *What parts of the toilet training program are continuing to be a challenge for you?*
- *How could I assist you with overcoming these challenges? (e.g., phone calls, meetings, home visits to demonstrate techniques)”*

[Instruct the caregivers to document a plan for future meetings, phone calls, or demonstrations of techniques using the Toilet Training Follow-Up Plan form on p. 64 C (p. 97 T) of their manual. Walk them through completion of all sections of this form.]

[Provide the caregivers your contact information and tell them your preferred method of communication.]

[Collect a copy of the follow-up plan for each caregiver.]

**Toilet Training Follow-Up Plan**

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

**7. Review (10 minutes)**

[Review all that the caregivers learned and accomplished throughout the four sessions:]

Session 1	<ul style="list-style-type: none"> <li>• Got to know the individuals you care for</li> <li>• Introduced Applied Behavior Analysis and an overview of Toilet Training</li> <li>• Identified specific target behaviors you wanted to improve</li> <li>• Set realistic behavioral goals</li> <li>• Learned how to collect and graph baseline data on toileting behaviors</li> </ul>
Session 2	<ul style="list-style-type: none"> <li>• Reviewed baseline data</li> <li>• 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</li> <li>• 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</li> </ul>

Session 3	<ul style="list-style-type: none"> <li>• Reviewed results of preference assessments</li> <li>• Learned guidelines for effective toilet training</li> <li>• Learned Toilet Training Program</li> <li>• Reviewed data collection procedures for use in the Toilet Training Program</li> <li>• Modified toilet training methods if needed</li> </ul>
Session 4	<ul style="list-style-type: none"> <li>• Learned how to teach individuals with limited communication skills more effective and functional communication strategies (Functional Communication Training)</li> <li>• Reviewed results of your toilet training experience</li> <li>• Planned for additional follow-up consultation with the trainer</li> </ul>

## 8. Summary (5 minutes)

[Instruct:]

- 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 Evaluations (10 minutes)

[Ask participants to complete the evaluation sheets in their manuals. Collect the forms.]

[Complete the trainer program evaluation of the workshop on p. 103 T and send it with the participant evaluation sheets to Helen Yoo.]

### Send Off

[Thank the participants for their attention and dedication to the program.]

[Encourage them to:

- Continue implementing Toileting Training Program
- Refer back to their manuals as needed to refresh their 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
- Remember to follow up with you at 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!**



### **A Note to Trainers about Follow-Up**

- Provide caregivers your preferred means of communication (phone or email).
- Tell them how promptly you will be able to respond to their communications.
- Keep extra copies of the data sheets on hand to mail out upon request.
- Keep a class list of all participants and their contact information.

# 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:

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**Targeting the Big Three  
Trainer Program Evaluation**

DDSO: \_\_\_\_\_ Trainer: \_\_\_\_\_ Today's Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

1. Overall, how satisfied are you with the *Targeting the Big Three* program?

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

2. In general, how helpful was the written curriculum (manuals) you received?

- 1) Not helpful
- 2) Somewhat helpful
- 3) Neither helpful nor unhelpful
- 4) Very helpful
- 5) Extremely helpful

3. In general, how effective was the in-person workshop you attended to become a trainer?

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

4. The curriculum and workshops were easy to understand and user-friendly for me to conduct.

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

5. Overall, after completion of the workshop, participants' ability to deal with target problem behaviors are:

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

6. Overall, my day-to-day ability to help parents and caregivers deal with the target problem behaviors are:

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

7. The amount of homework and effort required was at a reasonable level for the participants.

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

8. Will you continue to follow the curriculum in your future work?

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

9. Will you continue to train parents and caregivers using Targeting the Big Three curricula?

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

10. Please provide suggestions you might have that would assist us in making our training program more effective (Use back of sheet if additional space is needed):

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# Forms

















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