

Toilet Training for Everyone – Revised and Expanded

Day 2: Friday, February 5, 2020

Web Streamed from Vancouver, BC

Presented by

Pat Mirenda, PhD, BCBA-D & Katie Rinald, BCBA

Co-Sponsored by:

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Event Schedule

All times are in Pacific Standard Time
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9:00 - 10:15	Session 1
10:15 - 10:30	Break
10:30 - 11:30	Session 2
11:30 - 12:15	Lunch
12:15 - 1:15	Session 3
1:15 - 1:30	Break
1:30 - 2:45	Session 4

Tips for Improving the Web Stream Experience:

- Be sure your speakers or headphones are on, and the volume is up.
- Before the presentation and during breaks, the image and audio will be obscured.
- Close open 'tabs' in your browser. This will use your computer's memory and slow the connection.
- Check that your browser is up to date.
- If video is stuttering or jumpy, change the resolution by clicking on the 'gear' icon (bottom right corner of video).
- To go full screen, click on the 'box' icon in the lower right of the image.
- If you are having trouble with Internet Explorer or Safari, try <u>Google Chrome</u>.
- For more troubleshooting information, please visit: https://xelivebroadcast.com/vimeo/



Acknowledgements

ACT – Autism Community Training offers our thanks to Dr. Pat Mirenda and Katie Rinald for presenting as part of our 2021 Free Web Stream Series. As we all struggle to keep our communities healthy, we appreciate that ACT can offer this workshop totally online while maintaining the safety of attendees, staff, and our presenters. Many thanks to the Sheraton Wall Centre and to XE Live for supporting our work.

This event has been made possible thanks to the generous sponsorship of POPARD and our individual donors. We are very grateful for this collaboration, which has allowed us to web stream this presentation for free to families in British Columbia, across Canada and internationally.

Those who have attended ACT events over the years know that we depend on community collaboration and support to sustain our work. ACT deeply appreciates the many parents and professionals across British Columbia who volunteer their time and support, donate funds, and help spread the word - especially during these challenging times.

If you would like to donate to ACT, please see www.actcommunity.ca/support-us
For more information on our work during the pandemic see ACT's 2020 Report to Donors

Free Resources from ACT

ACT's Coronavirus (COVID-19): Resources for the Autism Community - ACT has gathered resources specific to those who are neurodiverse and useful general resources to provide support to families throughout the pandemic. www.actcommunity.ca/covid-19-resources

Autism Videos @ ACT (AVA) – Over 60 quality online videos available free – without a log-in, thanks to our sponsors. www.actcommunity.ca/videos

ACT's Autism Information Database (the AID) – Like Google for Autism but better! Keyword search nearly 1,500 curated AID records for evidence-informed, practical information resources useful to families and community professionals. www.actcommunity.ca/aid

ACT's BC Community Resources Database – Search by your postal code for professionals and service providers throughout BC. www.actcommunity.ca/aid-search/community

ACT's Autism Manual for B.C - 13 chapters! www.actcommunity.ca/autism-manual-for-bc -

ACT's Monthly News Round-Up & Event Alerts - Sign-up to keep in touch with developments affecting the special needs community. www.actcommunity.ca/updates

ACT's Facebook - ACT carefully sources interesting, insightful stories to inform our 8,000 plus followers. www.facebook.com/autismcommunitytraining

TOILET TRAINING FOR EVERYONE, REVISED AND EXPANDED: DAY 2

ACT-Autism Community Training
February 4-5, 2021
Pat Mirenda, Ph.D., BCBA-D, Professor Emerita,
University of British Columbia
Katie Rinald, M.A., BCBA, Blackbird Special Education

Welcome Back!

- □ Yesterday (Day 1), we talked about:
 - Pat: Introduction and getting ready
 - Katie: Rapid Toilet Training
- □ Today (which assumes that you attended at least the "Introduction and getting ready to train" session in Day 1), we will talk about
 - Pat: Toilet training "the long way"
 - Katie: Night time training
 - Katie and Pat: Case studies of special problems

Check In!

- We will use mentimeter again today, so please go to menti.com on your phone, iPad, or computer
- □ Enter the code:
- □ Let's see how you are doing!





Four Phases of Daytime Training

- □ Day time urination
 - 1. "Trip training"
 - 2. Self-initiation training
- □ Day time bowel training
 - 3. "Trip training"
 - 4. Self-initiation training

Ready, Set, Go!: Phase 1

- By the end of Phase 1 (urination "trip training") the individual has learned
 - $\ensuremath{\blacksquare}$ To urinate when taken to the toilet by someone else at regular intervals in the training setting and
 - To stay dry in between trips, in the training setting
- □ The individual does not yet ask to go to the toilet or go on his/her own when needed
- □ The individual does not stay dry in non-training settings
- The individual may continue to need assistance with pulling pants up/down, wiping, flushing, hand washing, etc.

Figure Out How Often to Take the Person to the Toilet

- $\hfill\square$ Record how often the person is wet
 - □ This is really important for individualization of the schedule!!!!
 - For 5-7 days in the training environment, check the individual every 30 minutes to see if he/she is wet or dry
 - ■If dry, do nothing; if wet, change pants, as
 - ■Record W (wet) or D (dry) on the data sheet

Baseline: Wet (W), Dry (D)				
Time	Nov. 27	Nov. 28	Nov. 29	Dec. 1	Dec. 2
8:00	w	D	Asleep	Asleep	D
8:30	D	w	Asleep	Asleep	W
9:00	D	D	D	w	D
9:30	D	D	W	D	D
10:00	D	D	D	D	W
10:30	w	W	D	D	D
11:00	D	D	D	W	D
11:30	w	D	D	D	W
12:00	D	w	D	D	D
12:30	D	D	D	w	missed
1:00	D	D	w	D	missed
1:30	D	D	D	D	D
2:00	w	w	D	W	D
2:30	W	missed	w	D	D
3:00	D	D	D	D	D
3:30	D	W	D	D	W
4:00	D	D	D	D	D
4:30	D	D	w	w	D
5:00	D	D	D	D	D
5:30	w	D	D	w	D
6:00	D	D	w	w	D
6:30	D	W	D	D	W
7:00	D	D	D	D	D
7:30	w	D	w	D	D
8:00	D	D	D	w	W
8:30	D	D	w	D	D
9:00	w	w	D	in bed	in bed

How Often? (Con't)

- ☐ Calculate the average length of time the person can stay dry:
 - Add up the # of hours you recorded data each day
 - Add up the # of Ws
 - □ Divide the # of hours by the # of Ws
 - **■**e.g., 6 hrs / 6 Ws = 1 hr
 - ■e.g., 6 hrs / 2 Ws = 3 hrs
 - ■e.g., 6 hrs / 12 Ws = .5 hr

Time	Nov. 27	Nov. 28	Nov. 29	Dec. 1	Dec. 2
8:00	w	D	Asleep	Asleep	D
8:30	D	w	Asleep	Asleep	w
9:00	D	D	D	W	D
9:30	D	D	w	D	D
10:00	D	D	D	D	w
10:30	w	w	D	D	D
11:00	D	D	D	w	D
11:30	w	D	D	D	w
12:00	D	w	D	D	D
12:30	D	D	D	w	missed
1:00	D	D	w	D	missed
1:30	D	D	D	D	D
2:00	w	w	D	w	D
2:30	w	missed	w	D	D
3:00	D	D	D	D	D
3:30	D	w	D	D	w
4:00	D	D	D	D	D
4:30	D	D	w	w	D
5:00	D	D	D	D	D
5:30	w	D	D	w	D
6:00	D	D	w	w	D
6:30	D	w	D	D	w
7:00	D	D	D	D	D
7:30	w	D	w	D	D
8:00	D	D	D	W	w
8:30	D	D	w	D	D
9:00	w	w	D	in bed	in bed
C. Total hours	13	13			
D. Total wets	8	7			
C. A/B	1.62	1.85			

Time	Nov. 27	Nov. 28	Nov. 29	Dec. 1	Dec.
8:00	W	D	Asleep	Asleep	D
8:30	D	W	Asleep	Asleep	W
9:00	D	D	D	W	D
9:30	D	D	W	D	D
10:00	D	D	D	D	W
10:30	W	W	D	D	D
11:00	D	D	D	w	D
11:30	w	D	D	D	w
12:00	D	w	D	D	D
12:30	D	D	D	w	missed
1:00	D	D	w	D	missed
1:30	D	D	D	D	D
2:00	w	w	D	w	D
2:30	w	missed	w	D	D
3:00	D	D	D	D	D
3:30	D	w	D	D	w
4:00	D	D	D	D	D
4:30	D	D	w	w	D
5:00	D	D	D	D	D
5:30	w	D	D	w	D
6:00	D	D	w	w	D
6:30	D	w	D	D	w
7:00	D	D	D	D	D
7:30	w	D	w	D	D
8:00	D	D	D	w	w
8:30	D	D	w	D	D
9:00	w	w	D	in bed	in bed
C. Total hours	13	13	12		
D. Total wets	8	7	7		
C. A/B	1.62	1.85	1.71	1	
C. A/B	1.62	1.85	1./1		

	, Dry (D)				
Time	Nov. 27	Nov. 28	Nov. 29	Dec. 1	Dec. 2
8:00	w	D	Asleep	Asleep	D
8:30	D	w	Asleep	Asleep	W
9:00	D	D	D	w	D
9:30	D	D	w	D	D
10:00	D	D	D	D	w
10:30	w	w	D	D	D
11:00	D	D	D	w	D
11:30	w	D	D	D	w
12:00	D	w	D	D	D
12:30	D	D	D	W	missed
1:00	D	D	w	D	missed
1:30	D	D	D	D	D
2:00	w	w	D	w	D
2:30	w	missed	w	D	D
3:00	D	D	D	D	D
3:30	D	w	D	D	w
4:00	D	D	D	D	D
4:30	D	D	w	w	D
5:00	D	D	D	D	D
5:30	w	D	D	w	D
6:00	D	D	w	w	D
6:30	D	w	D	D	w
7:00	D	D	D	D	D
7:30	w	D	w	D	D
8:00	D	D	D	w	w
8:30	D	D	w	D	D
9:00	w	w	D	in bed	in bed
C. Total hours	13	13	12	11.5	
D. Total wets	8	7	7	8	
C. A/B	1.62	1.85	1.71	1.43	

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How Often? (Con't)

- Add up the daily averages and divide by the # of days, to get an overall average
 - Monday: 1 hr
 - Tuesday: 1.5 hrs
 - Wednesday: 1.3 hrs
 - Thursday: 1.625 hrs

 - Friday: .75 hr
 Total: 6.175 hrs / 5 days = 1.235 hrs
- Multiply the decimal number x 60 to convert it to minutes
- .235 x 60 = 14 minutes
- So, the average dry period for this person is 1 hr and 14 minutes
- □ Take the person to the toilet every 1hr 15min!!!!!!!

C. Total hours	13	13	12	11.5	12.5
D. Total wets	8	7	7	8	6
C. A/B	1.62	1.85	1.71	1.43	2.08
D. Total C/days					
E. D decimal x 60					
Final interval					

Take the person to the toilet every 1 hr 45 minutes. For example: 8:00, 9:45, 11:30, 1:15, etc.

Trip Training

- $\hfill\Box$ At the appropriate time (based on your calculations), say something like "It's time to go to the bathroom"
 - ■Don't ask -- TELL!
- $\hfill\Box$ At the same time, if you are using a visual schedule, point to the appropriate symbol

bathroom

Trip Training

- Prompt the person to say "bathroom/pee, etc.," make the manual sign for toilet/bathroom, or give you a photo/symbol for bathroom (PECS)
 - You are modeling how the person can tell you he/she needs to go, at school or in the community
- □ In the bathroom, use hand-over-hand instruction, if needed, to assist the person to pull down pants, etc.

Pee-pee

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Trip Training



- □ Have the person stand at or sit on the toilet (use a special seat, etc. as needed)
 - Remember: he/she should need to urinate, since you calculated the appropriate interval
 - ■Stay on the toilet until urination occurs OR
 - ■Sit for 5-10 minutes; 2-3 minute break; repeat until urination occurs
 - ■If he/she starts to pee during the break, rush to the toilet right away to catch the rest of it there!

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Trip Training

- When urination occurs in the toilet, provide the reinforcers you selected as soon as the person is finished
 - □ Don't get all excited while urination is taking place, or it is likely to stop before completed!!
 - Remember to include LOTS of praise and other positive feedback, as well!







Trip Training



- □ Assist the trainee to wipe, get up, flush, and pull up pants, using hand-over-hand instruction
 - ■Good time to teach hand washing as well, if necessary
- □ Record a T on the data sheet
- □ Pat yourself on the back!!
- □ Repeat at the next scheduled time

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Trip Training



- If wet: ignore until the end of the interval, if possible; if not, change right away
- Change into dry clothes as rapidly and neutrally as possible
 - Don't talk, scold, explain, lecture, etc.
 - Don't spend a long time on this: be quick!

attention and interaction with you

- Don't have the person clean up, launder the wet clothes, etc.,
- etc.

 Just get him/her changed in a way that results in minimal
- Record a W on the data sheet for that interval
- Remember: it was an accident!!

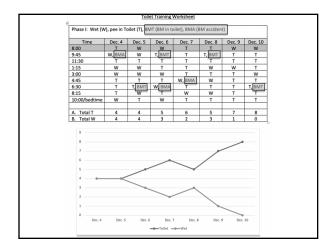
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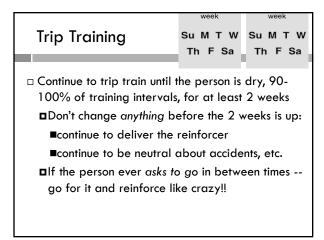
Trip Training

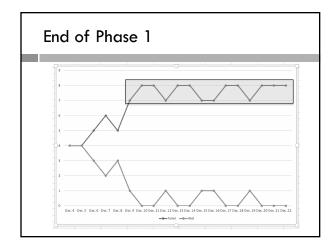
 $\hfill\Box$ At the end of each day, add up the # of Ts and Ws and graph, to see progress



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Phase 2: Self-Initiation

- □ By the end of this phase, the individual has learned
 - ■To urinate in the toilet when needed in the training setting, without someone taking or reminding him/her
- □ The individual may continue to need assistance with pulling pants up/down, wiping, flushing, hand washing, etc.

Self-Initiation and Communication

- When you have to use the toilet at home, do you tell someone or ask for permission??
 - No, of course not! Self-initiation means going when you have to go, not announcing or asking to go when you have to go!
 - Communication is neither necessary or desirable at home! Self-initiation at home = JUST GO!



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Self-Initiation and Communication

- BUT: when a child or a dependent adolescent/adult needs to use the toilet at school or in the community, the rule is different: he or she has to ask!
 - "Asking" requires a mand repertoire and can be vocal, a manual sign, or a photo/symbol
 - If the person <u>does not have</u> an existing mand repertoire, this needs to be established *first*
 - In the meantime, self-initiation will not be possible at school or in the community JUST TAKE HIM/HER!





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Self-Initiation



- Often, people will begin to self-initiate on their own! You may see the person
 - grab him-/herself and/or do the "pee-pee dance"
 - use the speech you modeled for them ("pee")
 - $\ensuremath{\blacksquare}$ use the manual sign or picture symbol you provided
 - take your hand and lead you to the bathroom
 - stand by the classroom or bathroom door and look distressed, etc., etc.
- If any of these occur --- DON'T ask "Do you have to go to the bathroom/pee/etc.?" If you see a signal -provide feedback ("Oh, I see you need to go to the bathroom!") and physically prompt to just GO!!
- □ Reinforce if peeing occurs in the toilet!

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Self-Initiation

- If no "signals" for self-initiation occur, begin to extend the length of the toileting interval very gradually by 5-10-15 minutes
 - $\boldsymbol{\mathsf{u}}$ This will give the person more opportunity to take the lead and produce a signal
 - Look for even the slightest signal and then physically prompt to
 - DON'T ask "Do you have to go to the bathroom/pee/etc.?" If you see a signal -- provide feedback ("Oh, I see you need to go to the bathroom!") and just prompt to GO!!
 - Continue to provide enthusiastic reinforcement for urination in the toilet, as
 - Continue to record Ts and Ws on the sheet

Self-Initiation



- Wet pants may increase slightly for the first few days of this Phase, but if they start to increase dramatically or over a long period of time
 - You may have moved too fast: back up to trip training for another 1-2 weeks and then try again
 - \blacksquare You may be missing signals: pay attention!!
 - You may be getting stingy with the reinforcer: DON'T!
- □ This Phase is finished when the person self-initiates and stays dry 100% of the time for at least 2 weeks

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Fading Reinforcers



- Now -- and only now -- is it time to fade/thin the reinforcement schedule
- Use a sticker/star chart and gradually increase the # of stickers required



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Fading/Thinning

- Fade/thin the schedule very slowly, until you are confident that clear that the reinforcers are no longer needed
- For children, try to build in "big boy/big girls" rewards to replace smaller reinforcers











Phase 3: Bowel Trip Training



- $\ \square$ By the end of this phase, the person has learned
 - To have a bowel movement when taken to the toilet by someone else at specific times of the day in the training setting and
 - To stay clean between trips
- $\hfill\Box$ The individual does not yet ask to use the toilet for BMs
- ☐ The individual does not stay clean in non-training settings
- The individual may continue to need assistance with pulling pants up/down, wiping, flushing, hand washing, etc.

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Figure Out When to Take the Person to the Toilet

- □ Record the times each day the person is soiled
 - Most people tend to be more-or-less regular about when they have a bowel movement
 - Often, this occurs first thing in the morning, shortly after a meal, or following/during a relaxing or physical activity (e.g., recess, PE class, free play)
 - Simply record when this occurs and then help the person change clothes, for 1-2 weeks

Bowel Trip Training

□ Examine the record to determine the most common 1-3 times of day for the person to have a BM Tollet Training Worksheet

Time	Dec. 4	Dec. 5	Dec. 6	Dec. 7	Dec. 8	Dec. 9	Dec. 10
8:00	Т	W	W	Т	Т	W	W
9:45	W, BMA	W	T, BMT	Т	T, BMT	T	Т
11:30	T	T	T	T	T	T	T
1:15	W	W	Т	T	W	W	Т
3:00	W	W	W	T	Т	T	W
4:45	Т	T	T	W, BMA	W	T	T
6:30	T	T, BMT	W, BMA	T	Т	T	T, BMT
8:15	Т	W	T	W	W	T	Т
10:00/bedtime	W	T	W	T	Т	Т	T
A. Total T	4	4	5	6	5	7	8
B. Total W	4	4	3	2	3	1	0

Bowel Trip Training

- □ At or 5-10 minutes before the usual time(s), take the person to the toilet and have him her sit for 10-15 minutes — break for 2-3 min -repeat
 - □ It is often very effective to have the person sit for a period of time prior to a preferred activity (e.g., recess, computer time at school) and to then allow access to the activity as a reward
 - Remember: you already know that he/she probably has to go!
 - \blacksquare Make it relaxing and pleasant to sit!!

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Bowel Trip Training

- □ When the person has a BM in the toilet, reinforce, applaud, etc.
- □ Provide assistance as needed with wiping, flushing, etc.
- □ If the person is soiled between trips, clean him/her up with minimal attention and interaction, as with urination trainina







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Bowel Trip Training

- $\hfill\Box$ Continue to trip train until the person has 90-100% of all BMs in the toilet for at least 2 weeks
- □ Decide whether
 - To trip train in a new setting (such as home or school)
 - ■Remember: the person may not be trip-trained at this point in non-training settings
 - To move on to Phase 4 in the original training setting





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Phase 4: Bowel Self-Initiation

- □ By the end of this phase, the individual has learned
 - ■To have a bowel movement in the toilet when needed in the training setting, without someone taking or reminding him/her
- □ The individual may continue to need assistance with pulling pants up/down, wiping, flushing, hand washing, etc.

Self-Initiation

- Again, many people will begin to self-initiate on their own! The person may simply have a BM while urinating or may
 - grab him-/herself and/or do the "poo-poo dance"
 - pass gas, etc.
 - use the speech you modeled for them ("poop")
 - use the symbol you provided
 - take your hand and lead you to the bathroom
 - **■** stand by the classroom or bathroom door and look distressed
- As with urination training -- if any of these occur, provide positive feedback and follow through immediately!

Self-Initiation



- If no signals for self-initiation occur, begin to "forget" to take the person at the usual time, to give him/her more opportunity to take the lead and produce a signal
 - Look for even the slightest signal and then GO!!!
 - DON' T ask "Do you have to go to the bathroom/poop/etc.?" If you see a signal -- provide feedback ("Oh, I see you need to go to the bathroom!") and just GO!!
 - Continue to provide praise and reinforcement for BMs in the toilet, as before

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Self-Initiation

- Soiling may increase slightly for the first few days of this Phase, but if they start to increase dramatically or over a long period of time
 - You may have moved too fast: back up to trip training for another 1-2 weeks and then try again
 - You may be missing signals: pay attention!!
 - You may be getting stingy with the reinforcer: DON'T!
- □ This Phase is finished when the person self-initiates and stays clean 100% of the time for at least 2 weeks



Bed Wetting: Some Facts



- □ Bed-wetters include
- One of every 4 five-year-olds,
- One of every 10 six-year-olds,
- One of every 14 seven-year-olds,
- □ One of every 20 eight-year-olds,
- One of every 33 ten-year-olds,
- □ One of every 50 seventeen-year-olds,
- One of every 100 civilian adults, and
- □ One out of every 150 military recruits!
- $\hfill\Box$ Bed-wetting is more prevalent among boys than girls



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Betwetting: Some Facts

- Genetics: If one parent was a bed wetter, there is a 40% chance that the child will be, too; if both parents were bed wetters, there is a 70% chance!
- □ Hormones: some people who wet the bed have low levels of the antidiuretic hormone (ADH) that suppresses urine production at night in most people (if this is the case, desmopressin nasal spray by doctor prescription may be helpful)
- $\hfill\Box$ Heavy sleeping: many people who wet the bed are very deep sleepers
- Caffeine: caffeinated beverages cause increased urine production

Getting Ready: Medical Issues

- If there are concerns about medical issues that may affect the trainee's ability to stay dry at night, check with a physician before beginning
 - Known sleep disorder
 - Frequent bladder infections
 - Other concerns



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Getting Ready: What is the Priority?

- No matter what, nighttime toilet training will involve INTERRUPTIONS OF SLEEP (yours and the trainee's!)
 - Does the trainee have sleep-related challenges?
 - If so, you may wish to leave nighttime toilet training alone until sleep issues in general are solved!



Getting Ready

- Choose a time period when you (the parent) have the emotional and physical resources to commit to this process!
- $\hfill\Box$ Get a bedwetting alarm
 - https://chummiebedwettingalarm.com/
 - 2 options: bed pad, or wearable





Getting Ready □ Make sure the trainee pees right before going to bed $\hfill\Box$ Have extra pajamas and sheets ready for quick changes at $\hfill\Box$ Double-sheet the bed with a plastic bed protector between the two sheets If using the bed pad version of the Chummie alarm, place that under the top sheet (NOT under the plastic protector) □ Stop all liquids at least 2 hours before bedtime ■ Reduce caffeinated liquids as much as possible! □ Do not put diapers, pull-ups, or plastic pants on the child at bedtime Choose one or more highly preferred foods, toys, activities, or other items to use as an incentive for having a dry bed □ Think outside of the box, again! ■ Let the person know that if the bed is dry in the morning, they will earn this reward **Night Time Urination Training** □ Now, let the alarm work its magic! ■ You (the adult) will need to hear the alarm sounding at night and react ■ You may need to temporarily alter YOUR sleeping arrangement so this is possible, but make sure the trainee stays in their usual sleeping spot! ■ Help the trainee move to the bathroom and pee as

Night Time Urination Training

quickly as possible when the alarm sounds

put a new sheet on the bed

■ Help them change into new pajamas if necessary, and

- Uh oh, what if the trainee is already done peeing (i.e., bladder is empty) by the time you reach their bed to help?
 - □ Still bring them into the bathroom to sit on the toilet for a few minutes while you clean up and help them change pajamas

Night Time Urination Training

- If the trainee awakes in the morning and hasn't peed in the bed at all overnight – deliver the big reinforcer!
 - Pair this with a clear statement, e.g., "Your bed is DRY! You
- This should happen IMMEDIATELY when they wake!



Night Time Bowel Training

- $\hfill\Box$ Approaching this can be complicated and more individual than night time urine training...
 - Could it be a problem behaviour issue?
- □ Talk to your doctor first!
 - If there are concerns about medical issues that may affect the person's ability to stay clean at night, check with a physician before beginning
 - Known sleep disorder
 - Chronic constipation or diarrhea
 Other concerns
- Approach from there: figure out when this person is likely to have BMs at night, and awake them for a bathroom trip before that time!
- □ Same as urination training: give a big reinforcer in the morning if no BM overnight!



Case Studies: Katie and Pat

THE RELUCTANT POOPER	
Katie	
"My child wears underwear all day and pees in the toilet when we take him to the	
bathroom. However, he insists on having a diaper to do a bowel movement. He will make	
the sign for 'poop' and then take my hand and lead me to the diapers. He poops in a squatting	
position in the diaper as soon as he gets the diaper on and then wants help changing it. How	
do I get him to poop in the toilet?"	
The Reluctant Pooper	
The Relocidin Pooper	
Remember: the child has been pooping in a diaper for many years and thinks that this is what he is	
supposed to do! In fact, the child might think you are a bit crazy for thinking anything else!	
□ The solution is a strategy called "stimulus fading"	
■ You are going to "fade" the diaper slowly until the child no longer needs it	
+	

Stimulus Fading	
Step 1: Child sits on the toilet with the diaper on and poops in the diaper. REINFORCE POOPING IN THE DIAPER while on the toilet! Step 2: Make a 1-inch round hole in the diaper. Repeat Step 1.	
 Step 3: Make a 2-inch round hole in the diaper; tape the edges with hockey tape. Repeat Step 1. 	
Step 4: Make a 3-inch round hole in the diaper; tape the edges with hockey tape (at this point, at least some poop should drop into the toilet). Repeat Step 1.	
 Step 5: Make a 4-inch round hole in the diaper; tape the edges with hockey tape (at this point, most poop should drop into the toilet). Repeat Step 1. 	
 Steps 6, etc., if necessary: Keep enlarging the hole until only the waistband is left. Repeat Step 1. Step Y if pecessary: Get rid of the waistband 	
THE QUIET PEE-ER	
Pat	
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"I don't know when to provide the reinforcer because I can't tell	
 if my child has peed in the toilet or not and/or when my child has finished peeing in the toilet. 	
What can I do?"	

The Quiet Pee-er $\hfill\Box$ This is especially common for girls, but it can also be an issue for boys who sit to pee $\hfill\Box$ The urine doesn't hit the water with sufficient force or volume to make a "tinkle" sound $\hfill\Box$ The solution: Shape a disposable aluminum roasting pan or a sheet of heavy-duty aluminum foil to fit inside of the toilet, on top of the water Makes great noise and lets you to know when peeing starts and ends!! RTT DILEMMA Katie

"We have been doing Rapid Toilet Training for two weeks now. My child is still having almost as many accidents as successes. What are we doing wrong?!"



RTT Dilemma Without knowing m impossible to know But, here are some most common problem.

- Without knowing more about the situation, it's impossible to know what the problem is or give advice.
 But, here are some questions to ask yourself, to fix the most common problems:
 - Has the child become satiated with the reinforcer(s) you are providing? Are you still using it/them consistently?
 - **u** Is the child consuming enough liquid to produce at least 10 pees per day, either on or off the toilet?
 - When the child is wet, how quickly do you respond? And, are you changing the child quickly and neutrally when wet pants occur?
 - Are you still recording times of wet and dry all day?
 - Is the child wearing underwear all day?

HOME-SCHOOL DISCONNECT

Pat

"My son is toilet trained at home, but he has lots of pee accidents at kindergarten. At home, he initiates going to the bathroom on his own but at school, he has accidents almost every day and the teacher is saying he should go back to pullups. What should we do?"





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Home-School Disconnect

- Remember, the rules are different at home and at school. Generalization from one setting to the other may not occur automatically
 - At home, he can go whenever he needs to go, without asking for permission or telling anyone
 - At school, he needs to either ask to go (by raising his hand?) or wait until the whole class goes to the bathroom (if this is part of the routine in the kindergarten)
- The solution is to institute a training program at school that is similar to the one that was successful at home.
 Work with school staff to figure out the best way to do this.

BREAK TIME DILEMMA

Pat

"I work with a student who has frequent pee/poop accidents during break time at school, in situations like playing with an iPad or using the swing outside at recess. Even if the student peed pretty recently, he/she seems to have accidents when doing these things. What should I do?"





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Break Time Dilemma $\hfill\Box$ This is not uncommon. Often, when someone is either relaxed or just the opposite -- has just finished exercise -- the "urge to go" is activated ☐ The easiest and most straightforward solution is to prompt the student to use the toilet just before break time, recess, or (if exercise is a trigger) PE class $\hfill\Box$ Alternatively, you will need to be alert for signals of the "need to go" – a gesture, pee/poop dance, etc. – and then prompt the student to use the toilet immediately available), take the "easy" route! I-PAD DILEMMA Katie "My child loves his/her iPad. They will sit on the toilet for the required interval length as long as they have the iPad. But then I don't have a powerful reinforcer that is "special"

when they pee/poop in the toilet! What should I do?"

iPad Dilemma	
"SO-SO" iPad, with apps that the child enjoys enough to sit on the toilet X minutes of the "VERY COOL" iPad, with YouTube and apps that the child LOVES, for peeing/pooping in the toilet	
"TINY POOP" DILEMMA Katie	
"My daughter will not poop on the toilet at all. She is totally toilet trained for urination and will go to the bathroom to pee on her own with no problem. However, she lets out tiny bits of oftenhard poop in her underwear frequently throughout the day. She never seems to have a 'big' poop and let it all out. I don't know if she doesn't understand how to poop on the toilet, or is scared, or what!"	

"Tiny Poop" Dilemma

- □ This is not uncommon! It is also tricky.
- □ "Tiny poop" is often a symptom of chronic constipation, which can be caused by many things
- □ Whatever the cause, the "tiny poop" problem is often the result of the D3 cycle: discomfort-dread-delay



The D3 Cycle 6. Tiny "hard" poops come out 1. Hard to poop 2. Discomfort (pain) when pooping 4. Delay (withhold) poop 3. Dread

"Tiny Poop" Dilemma

- Most likely, you will need a multidisciplinary plan to break the D3 cycle
 - Physician/pediatrician for advice about a medical intervention (laxatives? suppositories? enemas?; see Axelrod et al., 2016; Call et al., 2017; Lomas Mevers et al., 2020)
 Behavior analyst for advice about poop training (teaching)
 - Behavior analyst for advice about poop training (teaching the child to relax on the toilet while bearing down to poop; designing a system of reinforcement, figuring out what times to try this, etc.)
 - Perhaps, also:
 - Nutritionist/dietician for advice about diet, if fibre intake (fruits, veggies, whole grains) is a concern
 - Speech-language pathologist for advice about poop-related communication, if asking to go is a concern
 - Occupational therapist for advice about seating on the toilet, if this is a concern

If We Have Time	

The Punchline

- Toilet training is an instructional challenge, not a behavior problem challenge
 - Need to see the situation from the trainee's perspective and approach it accordingly
 - Toilet training = good teaching!
- □ Toilet training is hard work but in the end -- it is truly the gift that keeps on giving!



