

Toilet Training for Everyone – Revised and Expanded

Day 1: Thursday, February 4, 2020

Web Streamed from Vancouver, BC

Presented by

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

Co-Sponsored by:



This workshop is partially funded by the Government of Canada's Emergency Support Fund and the Vancouver Foundation.





Event Schedule

All times are	in	Pacific	Stand	lard	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 Google Chrome.
- 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 1

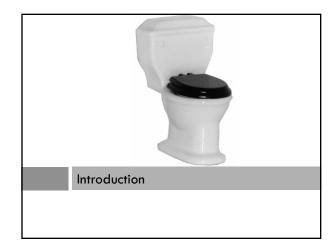
ACT-Autism Community Training
February 4-5, 2021
Pat Mirenda, Ph.D., BCBA-D, Professor Emerita,
University of British Columbia
Katie Rinald, M.A., BCBA, Blackbird Special Education

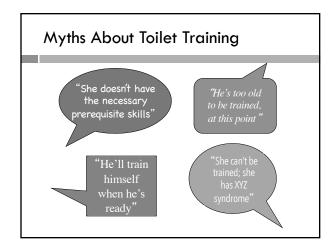
Overview of the Two Days

- □ This is a two-person event and will be structured as follows:
- □ Day 1
 - lacktriangle Pat: Introduction and getting ready
 - Katie: Rapid toilet training
- □ Day 2 (assumes that you attended the "introduction and getting ready to train" session in Day 1)
 - □ Pat: Toilet training "the long way"
 - **■** Katie: Night time training
 - Katie and Pat: Case studies of special problems

Mentimeter

- Despite the fact that we are in a virtual space, with will be an interactive event!
- $\hfill\Box$ Go to menti.com on your phone, iPad, or computer
- □ Enter the code:
- □ Now you can answer questions when they appear on the screen! Easy peasy!
- □ Let's practice:





Prerequisites? Depending on who you ask, prerequisites may include: Staying dry for at least 2 hours at a time Having a regular bowel movement schedule Following simple directions Demonstrating discomfort with dirty diapers Asking to use the toilet Asking to wear underwear Pulling pants up and down independently Etc.



- □ There is NO RESEARCH
 - to support these prerequisites!!
 - Aucun
 - Nada
 - Bupkis
 - Zilch
 - Zero
- So: don't worry about prerequisites!

The Brazelton Way

- □ Endorsed by the American Academy of Paediatrics and the Canadian Paediatric Society
- ☐ The goal is for the child to "think potty training is his idea," not the adult's
- □ Includes:
 - $\hfill \blacksquare$ Taking the child to the store to buy a potty
 - Encouraging the child to sit on the potty fully-clothed
 - Emptying the child's soiled diaper in the toilet
- ☐ The child sitting on the potty and actually voiding is supposed to happen spontaneously
 - If the child reacts negatively to any step, advice is to stop and pull back; every part of the training must occur at the "child's pace"



The Modeling Method

- □ Potty Train Your Child in Less Than a Day (Dr. Phil)
 - Get a doll that pees
 - \blacksquare Show the doll "peeing" in the potty
 - Get really excited!
 - Get rid of diapers
 - Give your child lots of fluids to drink
 - Sit your child on the toilet and if/when they pee, have a "potty party" with a favorite superhero
 - Do this 10 times



Ask Yourself...

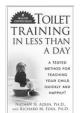
- If a mainstream approach to toilet training works for you and your child – terrific!
- But what if it doesn't? Then what?
- □ Two options that are research-based...



"How's that working for you?"

Katie: Rapid Toilet Training (RTT)

- A structured, intensive approach that occurs over 5-10 days at home, 8-10 hrs per day
 - Modified from Azrin & Foxx (1974), based on research since then (e.g., Greer et al., 2016; Perez et al., 2020; Rinald & Mirenda, 2012)
- □ Can be used most easily with young children who are receiving homebased early intervention
- Can also be used with older children or adults if they can stay home for the training period



Pat: The "Long Way"

- Structured but less intensive; occurs during daytime hours over several weeks
 - Also based on current research (e.g., Cicero & Pfadt, 2002; Cocchiola et al., 2012; Francis et al., 2017; Perez et al., 2020)
- Usually employed with adults and with school-aged children and adolescents because it can be implemented in home, school, and community settings

Toilet Training is About Good Instruction!!!

- $\hfill\Box$ Instruction that is
 - **□** carefully sequenced
 - systematically planned
 - systematically delivered
- Instruction that is individualized to start where the individual is "at"
- Instruction that employs appropriate motivational incentives and error correction feedback



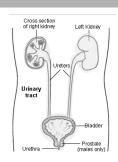
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Urination: What's Involved?

- □ Urine is made in the kidneys,
- □ flows down the ureters, and
- $\hfill\Box$ empties into the bladder
- □ Before exiting through the urethra



Urination

- In people with both male and female anatomy, tiny muscles (sphincters) contract to keep urine in the bladder
- $\ \square$ In order to urinate, these muscles must relax
- □ Toilet training involves teaching the individual to *relax* these teeny tiny muscles at just the right time and in just the right place! That's not easy!!!!!





Getting Ready: Medical Issues

- □ If there are concerns about medical issues that may affect urination training, check with a physician before beginning
 - Neurogenic bladder
 - Frequent bladder infections
 - Urinary tract disorders
 - **□** Etc.



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Getting Ready: Prepare Yourself Do one or more of these sound familiar? "I've tried everything and nothing has worked" Talready know that [name] can't be triained, but maybe I will learn something that will be a waste of my time..."

Getting Ready: Prepare Yourself

- Important to see this is an instructional challenge, not a behavior challenge
 - Understand that you are *un-teaching* old habits at the same time as you are teaching new ones!!
 - Don't frame it as a power struggle
- □ Be planful. Breathe. Stay calm.
- □ Reward yourself for progress and perseverance
- Remember: they are called "accidents" for good reason!



Getting Ready: Who? Where?

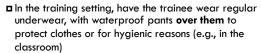
- $\hfill\Box$ Decide when training will take place and who will be involved
 - When will someone be able to focus on training?
 - Who has the commitment and motivation?
 - Who has the energy and the time?
 - Who will be able to follow through?
- □ If the timing is not right, STOP!
- If a committed and motivated person is not available, STOP!

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Getting Ready: Clothes



- ☐ Get rid of diapers or pull-ups in the training setting!
 - It is almost impossible to train someone who is wearing diapers or pull-ups
 - ■You can't easily tell if they're wet or dry
 - ■Neither can they!



■It's okay to wear diapers or pull-ups alone during non-training times and at night (for now)

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Waterproof Pants



- □ Soft, breathable, waterproof pants
- ■Three "infant" sizes (up to 40 lb.)
 - ■Three youth sizes (50-100 lb.)
 - ■Five adult sizes (24-57 inch waist)
 - ■Infant sizes are \sim \$16.00, youth sizes are \sim \$20.00 and adult sizes are \sim \$26.00 CAD
 - ■They also have swim diapers in all sizes
- □ https://www.mylilmiracle.com/

Getting Ready: Reinforcers

- □ Identify several items, activities, etc. that can be used to reinforce urination in the toilet
 - ■These should *not* be available at any other time
 - ■Preferred "treat" foods, drinks
 - ■Preferred toys, leisure items, etc.
 - ■Preferred activities
 - ■"Think outside of the box"!!!









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Getting Ready: Reinforcers

"My child doesn't love anything" "Nothing is reinforcing to XXX" "XXX doesn't smile or seem happy when I provide the item/food/drink after he/she pees"

- An emotional reaction is not necessary!!! Ask yourself: Is the trainee peeing in the toilet more often? If so, whatever you are providing is acting as a reinforcer. If not, it is NOT. Period.
- Really? Ask yourself: what will the trainee try to grab from someone else? what will the trainee drag you to look at (and maybe even tantrum if you won't go)?

Getting Ready: Reinforcers



- Have the items available BUT NOT VISIBLE in the bathroom so that they can be provided immediately when appropriate urination occurs
 - ■For example, place food in a plastic baggie or Tupperware container, place drink in a thermos, place toys in a closed container
- ■Verbal praise should always be used as well, but it is NOT enough (plus, it's hopefully available at other times!)

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One More Thing About Reinforcers

"Remember, Johnny/Sally, if you pee in the toilet you will get XXX."

"If you want the iPad, you need to go poop in the toilet. No poop, no iPad." (child cries/tantrums)

- It might seem counter-intuitive, it is NOT NECESSARY to "warn" or explain to the trainee what will happen if peeing/pooping in the toilet occurs
- And, DO NOT display the reinforcers in the bathroom so the trainee can see them! (the "reinforcer graveyard")
- Just provide the reinforcer when the desired behaviour occurs, and DON'T TALK ABOUT IT otherwise!



Getting Ready: Seating



- □ For boys, decide whether to train in a standing or seated position, at least initially
 - Consider physical abilities, age, individual preferences Insure proper seating on the toilet
 - ${\bf m}$ This is important so the person can be relaxed, unafraid of falling in, etc.
 - $\hfill \blacksquare$ The person should be able to sit
 - Upright and balanced (i.e., comfortably)
 - With feet supported
 - Use a plastic seat insert, adapted chair, raised foot block, etc. as needed to achieve proper seating







Getting Ready: Communication

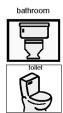
 $\hfill\Box$ For individuals with limited or no speech, select α manual sign, photograph, or some other type of symbol for "bathroom"









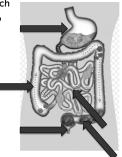


Bowel Training



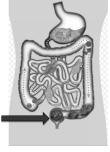
Defecation: What's Involved?

- Food travels from the stomach through the small intestine to the large intestine, where excess water is absorbed
- □ Fecal matter reaches the rectum, where sphincter muscles around the anus contract to hold it in



Defecation

- When the rectum fills, a person feels an urge to relax the sphincter muscles and push out the feces
- □ So, as with urination, training involves teaching the individual to *relax* the anal muscles at just the right time and in just the right place!



Getting Ready: Medical Issues

- If there are concerns about medical issues that may affect bowel training, check with a physician before beginning
 - Hirschsprung syndrome or other bowel disorders
 - □ Chronic diarrhea
 - Chronic constipation



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Getting Ready: Diet

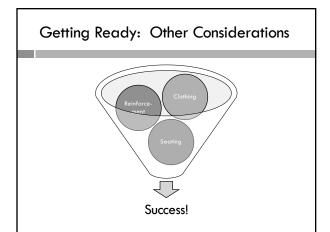
- ☐ There has to be enough fiber and liquid in the diet to create soft poop!
 - □ Fiber = fruits, veggies, grains, BRAN, etc.
 - Liquid = water, juice (especially apple, pear, prune, apricot)
 - Not white foods (white rice, pasta, white bread), fried foods, bananas, milk and other dairy products
 - Constipation can be a sign of lactose intolerance -- try switching to soy milk!
- $\hfill\Box$ If diet is a problem -- fix it first!
 - https://www.metamucil.com/en-us/articles/Fiber-anddiet/high-fiber-foods

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Choosing a Training Approach Rapid Toilet Training (RTT) Trainee can stay at home for at least 8-10 consecutive hrs/day for 5-10 consecutive days Adult can devote time and energy to train for this period Trainee is able to navigate independently to the toilet and sit on it for up to 30 minutes at a time if provided with a fun activity It is safe for the trainee to drink lots of liquids AND they will drink sips of one or more beverages (water, juice, etc.) when offered throughout the day



Rapid Toilet Training (RTT)

- Azrin & Foxx published the first RTT study in 1971 and a book based on this research in 1974
 - The majority of toilet training studies since then have been based on their method
- Variations of the RTT procedure have been successful with people of many ages with a wide range of disabilities, and with young typically-developing children



Rapid Toilet Training (RTT)

- □ The Azrin & Foxx study included nine adult males with profound intellectual disabilities who were residents in an institution
- □ ALL NINE achieved independent toileting (with a mean of 4 days of training)!



Rinald & Mirenda, 2012

- □ Based on the original RTT protocol
- □ Taught 5 parents to toilet train their children in workshops
 - 3 with autism, 1 with Down Syndrome, 1 with an intellectual disability
 - Mixed toilet training history; 2 had been trying for over a year, 1 had tried a little, the other 2 had not attempted toilet training at all
- □ Parents did ALL of the training, with only telephone support from Katie

Rinald & Mirenda, 2012

- □ 3 participants were totally toilet trained, including self-initiation, within 5 days!
- □ 1 child took 2 weeks to begin initiating
- □ 1 did not achieve initiation (but was accidentfree) by the time of follow-up (1 month postintervention)

RTT Disclaimer

- □ Again, it is VERY labour-intensive!
- You may also need help from a Behaviour Analyst with experience implementing RTT – troubleshooting can be challenging



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Is this trainee a good candidate for RTT?

Two MOST important things:

- 1. Trainee will sit on the toilet for 30 minutes
 - With fun things to do, and a comfy seat/stool set-up
 - If the trainee doesn't do this yet, you could work on it prior to actually starting RTT
- It's safe for the trainee to drink lots of liquid AND he/she will do so

Getting Ready

- □ Gather items, including:
 - A number of highly motivating reward items for the trainee
 - Some activities the trainee that can be done while sitting on the toilet but that will *not* be used as reinforcers
 - Underwear or shorts in the trainee's size
 - Looser fitting underwear is best
 - NO DIAPERS except at nighttime!
 - **□ Lots** of the trainee's favourite drinks and salty snacks
 - A soft toilet seat insert, if needed
 - $\ensuremath{\blacksquare}$ A footstool, if needed
 - $\ensuremath{\blacksquare}$ A timer and data sheets
 - Rewards for yourself



Setting Up

- PUT THE FUN SITTING ACTIVITIES IN THE BATHROOM
 - Also anything you might need during the day; food, drinks, phone, laptop, cleaning supplies for accidents, change of clothes for the trainee, etc.
- Make a comfy spot for the instructor to sit in the bathroom, too!
- □ Cover up carpets, couches, etc. in nearby areas (accidents will happen!)
- $\hfill\Box$ And, GET READY. This is a lot of work!

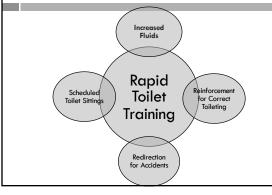
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What Does RTT Teach?

- $\hfill\Box$ In RTT, pee and poop training are targeted together
- □ In most situations, this procedure will work for teaching the trainee both!
 - □ However, in some cases, poop training requires its own set of procedures...
 - □ (We'll discuss this tomorrow!)



The Training Plan: 4 Key Components



Increased fluids



- $\hfill\Box$ Definition:
 - \blacksquare Give the trainee as much liquid to drink as possible!
- □ Why?
 - The more liquid consumed, the more s/he will urinate...
 - So, the more opportunities to learn!
 - □ Having the trainee urinate as many times as possible during the intensive training phase will help him/her learn more quickly.
 - Drinking lots of liquid can also encourage poop to

Increased Fluids



- □ DO:
 - lacktriangle Have a variety of liquids available
 - ■S/he should always have a cup on the go!
 - "Little drinkers": Aim for at least triple the usual
 - "Big drinkers": Aim for at least 100mL consumed every 30 minutes (this is about half a typical kid-sized cup)
 - Sips are fine
 - ■Keep track of the amount consumed
 - Provide some salty snacks that will increase the trainee's desire to drink
 - Offer the learner their most preferred drinking vessel(s) and temperature

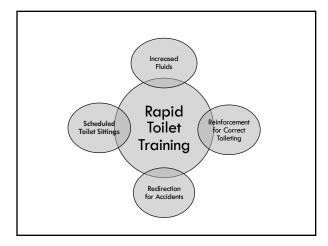
Increased Fluids: Keeping Track

Liquid Consumption Tracking: On the lines below, record the time whenever the trainee finishes 100mL of liquid 7:35 7:51 8:10

Increased Fluids



- □ DON'T:
 - Stop giving liquids if you run out of the trainee's favourite or if they don't seem to like what you have
 - $\hfill \Box$ Give up if the trainee isn't drinking independently
 - ■OF COURSE, don't force them to drink -- but constantly offer the drink (e.g., put the cup to their lips)



Scheduled Toilet Sittings

- Definition: The trainee will stay seated on the toilet for a predetermined amount of time.
 - □ Ideally, the first sitting starts as soon as the trainee gets up in the morning
 - Trainee can look at books, watch DVDs, play games, or engage in any other SEATED activity that will make it easier for them to stay seated
 - □ Trainee will get off the toilet when they eliminate or at the end of the predetermined amount of time if elimination has not occurred

Scheduled Toilet Sittings

- □ Why?
 - ☐ The more time the trainee spends on the toilet, the more likely they are to eliminate while on the toilet
 - Increases the probability of success, and decreases the probability of accidents!
 - The learner doesn't have to "get" that they need to pee/poop in the toilet ahead of time...
 - They just happen to be sitting on the toilet, and just happen to pee/poop (because we've provided lots of liquid to drink), and then SOMETHING AMAZING HAPPENS! (The reinforcer, which we will discuss soon!)
 - This is how the learning occurs!

Scheduled Toilet Sittings

- As the trainee eliminates successfully more often, the schedule will change to allow for more time off the toilet
 - □ Note, as soon as the trainee pees/poops in the toilet, the following things happen:
 - □ THEY GET A REINFORCER! (More on this in a minute!)
 - ☐ THEY LEAVE THE TOILET!
 - ☐ Learner does NOT stay on the toilet until the end of the interval!

 Rather, the 'timer' stops there, and they begin their break time!
- □ As time ON the toilet decreases, time OFF the toilet increases, in 5 minute increments...

Scheduled Toilet Sittings

	Time ON THE TOILET	Time OFF THE TOILET following a successful elimination
Phase 1	30 min	5 min
Phase 2	25 min	10 min
Phase 3	20 min	15 min
Phase 4	15 min	20 min
Phase 5	10 min	25 min
Phase 6	5 min	30 min

When to move to the next phase?
AFTER 3 CONSECUTIVE SUCCESSFUL ELIMINATIONS

Scheduled Toilet Sittings: Moving Between Phases

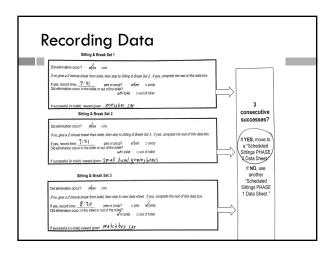
- □ 3 CONSECUTIVE SUCCESSFUL ELIMINATIONS means: move to the next timing interval
- □ ACCIDENT?
 - Re-set! You need another 3 in a row in order to move to the next timing interval.

Let's see an example...

- □ PHASE 1 (30 min on toilet, 5 min break after a success)
- Joey starts on the toilet at 7:30 am. Mom sets a 30 minute timer while Joey listens to music with headphones on the toilet.
- □ At 7:41 am, Joey pees in the toilet!! SUCCESS #1
- □ Mom delivers a reinforcer immediately!
- Mom then sets a 5 minute timer and gives Joey a 5 minute break from the toilet
 - \blacksquare He can enjoy his reinforcer, chill out, move around, etc.!
 - \blacksquare Mom still watches closely in case of accidents, though...

Scheduled Sittings PHASE 1 Data Sheet Procedure: Prompt the trainee to sit on the toilet for 30 minutes. If the trainee goes or poops in toilet, give praise, a reward, and a 5 minute break, and then start the next sitting. If the trainee goes or poops in toilet, give praise, a reward, and a 5 minute break, and then start the next sitting. If the trainee goes not poop in the 30 minute sitting, give a 2 minute break (wastch obsery for accident/life) and tens start the next sitting manufacturing or the sole that any amount of urine goes into the toilet start. Sitting a Break Set 1 Did slimination occur? Jeffs cross 150 per 150

- At 7:46 am, Joey is back on the toilet looking at books.
- $\scriptstyle\square$ At 7:51am, Joey pees in the toilet! SUCCESS #2
- □ Mom delivers a reinforcer immediately!
- Mom then sets a 5 minute timer and gives Joey a 5 minute break from the toilet.
- $\hfill \Box$ At 7:56 am, Joey is back on the toilet listening to music.
- $\hfill\Box$ At 8:20 am, Joey poops in the toilet! SUCCESS #3
- Mom, of course, delivers a reinforcer and then gives Joey that 5 minute break!

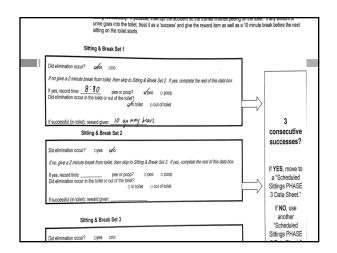


	Time ON THE TOILET	Time OFF THE TOILET following a successful elimination
Phase 1	30 min	5 min
Phase 2	25 min	10 min
Phase 3	20 min	15 min
Phase 4	15 min	20 min
Phase 5	10 min	25 min
Phase 6	5 min	30 min

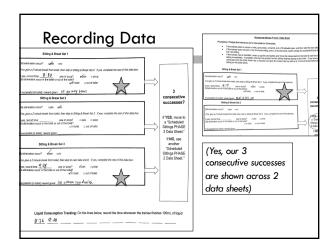
Time for Phase 2! Mom will set her timer for 25 minutes when Joey returns to the toilet.

- What if the trainee DOESN'T urinate during the scheduled toilet sitting?
 - S/he gets a 2 minute break off the toilet, to stretch, move around, play, etc. but stay close to the toilet!
 - After 2 minutes, the next scheduled sitting starts
 - □ This break is so short because if s/he didn't urinate during the on-toilet interval, s/he is very likely to do so soon!
 - Minimizes chance of an accident

- □ Back to Joey!
- $\hfill\Box$ He returned to the toilet to start Phase 2 at 8:25 am
- $\hfill\Box$ Joey peed in the toilet at 8:30 am! SUCCESS #1
- □ Mom, of course, delivered a reinforcer and set her timer for a 10 minute break
- □ At 8:40 am, Joey returned to the toilet. Mom set her timer for 25 minutes while Joey began looking at books
- $\hfill\Box$ At 9:05 am, Mom's timer is sounding, and Joey is still on the toilet and has not yet peed!

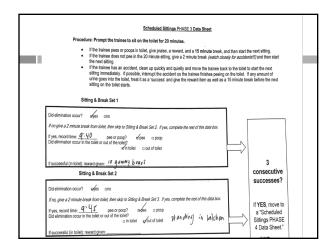


- $\hfill \square$ Mom has Joey stand up and stretch, move around, dance and wiggle a bit for 2 minutes close to the bathroom
- □ At 9:07 am, Joey returns to the toilet and Mom sets her timer for 25 minutes. At 9:08 am, Joey pees. SUCCESS #2
 - That's right, this is SUCCESS #2!!!
 - The 3 CONSECUTIVE SUCCESSES necessary to move to the next phase do NOT have to occur in back-to-back intervals...
 - $\hfill \square$ CONSECUTIVE just means there was NO ACCIDENT in between!
- $\hfill\Box$ Mom delivers the reinforcer and gives Joey a 10 minute break.
- □ Joey returns to the toilet at 9:18 am and pees at 9:19 am.
 SUCCESS #3!!! Mom delivers the reinforcer and Joey gets a 10 minute break



	Time ON THE TOIL	LET Time OFF THE TOILET following a successful elimination		
Phase 1	30 min	5 min		
Phase 2	25 min	10 min		
Phase 3	20 min	15 min		
Phase 4	15 min	20 min		
Phase 5	10 min	25 min		
Phase 6	5 min	30 min		
What will Mom set her timer for when Joey returns to the toilet?				
		for when Joey		

Between Phases So, Joey is just starting Phase 3! At 9:29 am, he sits on the toilet and Mom sets a 20 minute timer. At 9:40 am, Joey pees! SUCCESS #1 Mom delivers the reinforcer and gives Joey a 15 minute break At 9:45 am, Joey has an accident – he pees a little while standing in the kitchen Mom brings Joey back to the toilet (more on this in a minute!) and sets her timer for 20 minutes on the toilet again right away



- $\scriptstyle\square$ At 9:50 am, Joey pees in the toilet. SUCCESS #1
 - That's right, this is SUCCESS #1! We 'reset' because there was an accident...
- $\hfill\Box$ Mom delivers the reinforcer and sets her timer for a 15 minute break
- □ Joey returns to the toilet at 10:05 am and pees immediately. SUCCESS #2!
- Mom delivers the reinforcer and sets her a timer for a 15 minute break
- $\hfill \square$ Joey returns to the toilet at 10:20 am. At 10:30 am, he pees. SUCCESS #3!

- □ What if accidents keep happening?
- □ 2 CONSECUTIVE ACCIDENTS:
 - □ 'Back up' to the previous phase!



	Time ON THE TOILET	Time OFF THE TOILET following a successful elimination
Phase 1	30 min	5 min
Phase 2	25 min	10 min
Phase 3	20 min	15 min
Phase 4	15 min	20 min
Phase 5	10 min	25 min
Phase 6	5 min	30 min

Keep progressing through the phases using those 'rules'!

Scheduled Toilet Sittings

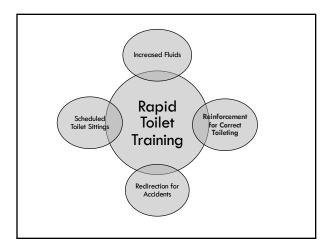


- □ DOs
 - $\ensuremath{\blacksquare}$ Stay with the trainee while they are on the toilet
 - Use the activities you chose to keep the trainee occupied while sitting
 - Constantly provide choices of activities to avoid boredom!
 - (And perhaps forget your screen time rules for now!)
 - □ If needed, use the soft toilet seat insert and footstool to make sitting on the toilet comfortable for the trainee
 - Use your timer and KEEP WRITING! Otherwise, it's easy to lose track
 - Pre-organize your data sheets so they're easy to find and use when needed

Scheduled Toilet Sittings



- □ DON'Ts:
 - Don't allow the trainee to leave the toilet if they are bored; rather, redirect them to another of your planned activities.
 - This is why it's important to have many activities available!
 - □ Don't give the trainee any activities to do that are too exciting; if the trainee will be too excited to relax the necessary muscles to urinate, don't use that activity.
 - Don't forget to watch the trainee closely; if they start urinating, you need to be aware!



Reinforcement for Correct Toileting

- □ Definition:
 - □ If the trainee urinates in the toilet, they will be given a predetermined reward immediately after the urination has stopped
 - They will also leave the toilet immediately (and take a break according to the current schedule)



Reinforcement for Correct Toileting

- □ Why?
 - □ Giving a highly preferred item to the trainee immediately after they urinate in the toilet increases the likelihood that they will continue to do so in the future



Reinforcement for Correct Toileting

- □ Like Pat said:
- □THESE THINGS HAVE GOT TO BE GOOD!
- □ We are teaching HARD, NEW, UNPRECEDENTED BEHAVIOUR
- What works as a reinforcer for the trainee to learn other behaviours might not cut it for this one!

Reinforcement for Correct Toileting

Reinforcement for Correct Toileting

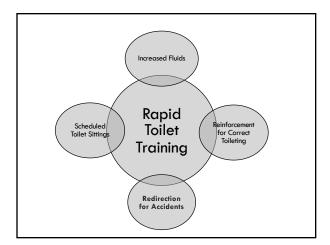


- □ DOs:
 - Do give the item immediately after the trainee has stopped urinating, along with lots of praise (hugs and kisses, cheering, etc.; this is a BIG DEAL!)
 - (DO NOT do wiping/handwashing/etc. first!!!! Later in the training, this could happen, BUT NOT IN THE EARLY STAGES!)
 - Do tell the trainee why they are getting a reward: e.g., "Hooray, you peed in the toilet/potty!"
 - Do have a variety of reward items available at all times so you can be sure you find something very rewarding for the trainee and avoid satiation effects
 - Do enlist the opinions of others who know the trainee on what might work well
 - Do get creative!

Reinforcement for Correct Toileting



- □ DON'Ts:
 - Don't allow the trainee free access to the reward items! If they can eat them and/or access them on their own, they won't be as rewarding when you need them to be!
 - The trainee should not even SEE these items until they pee/poo!
 - Don't plan to use the same items all day; provide choices of rewards. Have multiple options available.
 - Don't place demands on the trainee as they are consuming/engaging with/enjoying their reinforcer. Leave them be!
 - Add in wiping/handwashing/etc. after they're done with the reinforcer (within reason, of course)
 - □ Don't get too excited if the trainee starts to urinate: excited/loud noises might startle the trainee and stop the urination.
 - Wait until the trainee has completely finished urinating before you give



Redirection for Accidents

- Definition: If the trainee begins to urinate anywhere other than on the toilet, interrupt and move them to the toilet as quickly as possible
 - □ Then, if the trainee finishes urinating in the toilet, they will still get access to a reinforcer
- After moving the trainee to the toilet, change any wet clothes as quickly as possible, without saying anything and without giving any extra attention

Redirection for Accidents

- □ What if you don't catch the trainee mid-accident (e.g., you just notice a puddle on the floor)?
 - □ Do not draw attention to the accident in any way; just move the trainee to the toilet and immediately start the next scheduled toilet sitting
 - □ Change the trainee's clothes and clean him/her up as quickly as possible, not providing any extra attention or affection.

Redirection for Accidents



- □ DOs:
 - □ If you hear or see the trainee starting to urinate and they're not on the toilet, make a loud noise (a bit startling, to stop urination) and begin guiding him/her to the toilet immediately
 - Caveat, though: With some trainees, A LOUD NOISE IS NOT A GOOD IDEA!
 - □ If the trainee continues urinating on the toilet, act as if the accident didn't happen—provide a reward, praise, and allow the trainee to leave the toilet for a break

Redirection for Accidents



- □ DON'Ts:
 - ■Don't scold the trainee for the accident—don't say anything about it—just calmly, neutrally move them to the toilet and clean up
 - ■Don't provide any extra comforts or attention.

 Don't cuddle the trainee or talk about the accident—just calmly, neutrally move them to the toilet and clean up
 - ■Don't leave the trainee alone on the toilet to go clean up the accident, though! They may have a success, which should be reinforced!

Planning for Initiation

What are some things we can do throughout the training process that will increase the likelihood the learner will initiate toilet use on their own?

 Build in some teaching on requesting the toilet using the trainee's current method of requesting

■ How? When you suspect they need to pee/poop – prompt the use of the current communication method!

Planning for Initiation

- Make reinforcers 'live' in the bathroom to the greatest extent possible.
- Use very subtle assistance to help the learner approach the bathroom when it's time to go
 (This becomes more possible midway through the RTT process)
 - Rather than telling the trainee it's time to go pee/poop, try helping them move in that direction independently
 - Bladder feels full + someone tells me to go pee = I go to the bathroom and pee ❸
 - Bladder feels full = I go to the bathroom and pee [©]

What Next? Returning to Normal Life!

Start increasing the 'break' time (i.e., the time between trips to the toilet). Most trainees are either already initiating, or will start doing so when you extend the time between toilet trips

 More initiation training may be needed! We will talk about this tomorrow

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What Next? Returning to Normal Life!

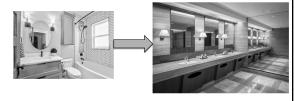
Continue delivering reinforcers until you have 3 consecutive totally dry days!

- At that time, you can begin a gradual and slow fade of reinforcers! Sticker charts may work (trainee earns stickers toward a reinforcer rather than the reinforcer itself)
- OR decrease the 'magnitude' of the reinforcer gradually...
- If the trainee has been at home and must return to school, communicate with the school about what you have done, and send reinforcers!

What Next? Returning to Normal Life!

Get out of the house! Try different bathrooms.

■ Start with more familiar places (e.g., the homes of friends and relatives); then move gradually to the most challenging settings (e.g., the mall!)



A word of RTT wisdom:

□ It feels like it's not working until IT IS!