



# Toilet Training Children with Special Needs:

## *A Systematic Approach*

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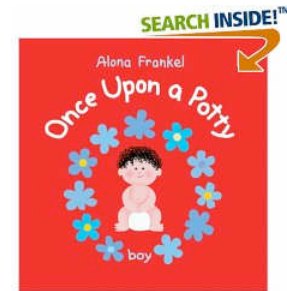
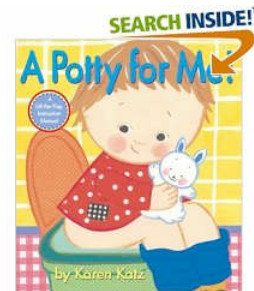
# Toilet Training Presentation Overview

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- Traditional Approach vs. Systematic Approach
- Readiness Indicators
- Rapid Toilet Training Method
- Materials
- Reinforcement
- Managing Accidents
- Data Collection
- Communicating “Potty”
- Individual Potty Plans
- Related IEP goals

# Traditional Methods

- Read a few books
- Parents/peers model
- Expose to potty
- Scheduled sittings on potty
- “Wait and see”



# A Systematic Approach

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- Why this method?
  - ❖ Many techniques used to train typically developing children are not sufficient
- Why now?
  - ❖ Significant amount of time, energy and resources devoted to changing diapers
  - ❖ Other benefits
- Who might benefit from today's talk?
  - ❖ Parents of young children (first-timers)
  - ❖ Parents of older children/adolescents who have not been successfully/completely trained in the past

# Readiness:

*How will I know when my child is ready?*

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- Maturation of sphincter muscles (~18 months)
- Ability to delay excretion
- Consult with physician to ensure that there are no medical conditions or problems that would make training inadvisable
- Look for positive indicators

# Readiness: Positive Indicators

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- Awareness of the need to go - demonstrated by squatting, grunting, hiding when child feels need to eliminate
- No BMs through the night
- Dry diaper for long periods of time (i.e. from long naps and/or in the morning)
- Urinate a lot at one time vs. frequent “dribbling” (retains urine for ½ hour to 1 hour)
- Follows adults’ directions

# Readiness...

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- Developing readiness skills (pre-training):
  - ❖ Following directions from adults
  - ❖ Pulling pants up/down; manipulating zippers, buttons, snaps
  - ❖ Wiping
  - ❖ Understanding concepts of “wet” and “dry”

*Keep in mind, these are not absolute prerequisites!*

# 2 Primary Approaches

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## 1) Schedule Training

- ❖ Child is taken to potty at regular intervals – typically once every 30, 45, or 60 minutes and sits on the potty for ~5-10 minutes. Particular care should be taken not to miss the intervals that occur after significant food/liquid consumption (e.g., snack and mealtimes)
- ❖ Cons: May lead to passivity and dependence; child waits for caregiver to remind him/her

## 2) Rapid Toilet Training (“Toilet Training in Less than a Day”)

# Rapid Toilet Training Approach

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- 1970s – Research study by Drs. Azrin and Foxx – Attempted RTT protocol with over 200 individuals with significant developmental disabilities.
  - 95% were trained successfully in an average time of only 3 days.
  - Most of the individuals took less than 4 hours, some less than 30 minutes; others took several days

# Basic Premise of RTT

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- The more a child urinates during training, the greater will be the opportunities to teach him or her to do it correctly.
- Want child to associate sphincter relaxation with sitting on the potty; use principles of operant learning by arranging for reinforcement following desired response; include imitation and social influence (parent modeling or a doll)

# Modified RTT: How does it work?

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- Intensive Day-Long Training Sessions: trainer and child are fully devoted to the TT protocol
- Child consumes lots of preferred liquids – keep a drink close by at all times.
- Child sits on potty for as long as much as possible during the designated hours. Ideally, during the first sitting, the child should sit on the potty until he/she voids. This first sitting may take 20-30 minutes or it may take 2-3 hours.
- Make potty time super fun! Sing songs, read books, watch a DVD (portable), play computer games (laptop).

# Modified RTT Protocol

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- *Immediately* reinforce voids: lavish praise as well as a tangible, designated reinforcer
- Label *why* child is receiving reinforcer (“YAY! Sam went *pee-pee* in the potty!”)
- After a void, child should flush toilet and then spend the next 15 minutes off of the potty, ***bare-bottomed***. The child will be less likely to pee without comfort of cloth against skin.
- After 15 minutes, return to potty for another seating. Upon void, deliver reinforcer and allow another 15 min break from potty. Continue to repeat this sequence until child is consistently voiding within 30 seconds of sitting on the potty.

# Modified RTT Protocol

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- Phase 1: Goal is 3 consecutive sittings where child pees within 30 seconds of sitting down. Breaks are 15 minutes in length during which time the child is **bare-bottomed**.

# Modified RTT Protocol

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- Phase 2: Upon mastering goal from phase 1, extend breaks to 30 minutes and have child wear underwear during breaks. Reduce fluid intake to normal levels. Goal is 5 consecutive sittings where child pees within 30 seconds of sitting down AND dry pants during breaks (no accidents).

# Modified RTT Protocol

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- Phase 3: Breaks are gradually extended to 45 min and then 60 min (upon child demonstrating no accidents between potty sittings).

# Breaks: How to Structure

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- Remain in areas where cleanup will not be stressful (e.g., hardwood or tile floors)
- Keep bowl nearby in case you need to “catch” pee
- Child plays or engages in routine activity
- Adult watches child intently for signs of need to eliminate

# Before you Begin....Prepare!

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- Coordinate with other team members (classroom teacher, other service providers, other caregivers)
  - ❖ Designate a lead “coordinator” (behavior analyst, parent, or teacher)
  - ❖ Set up system for daily contact between team members so that coordinator can troubleshoot

# Advanced Preparation: *Materials*

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- Clothing

- ❖ For child

- *Lots* of cotton undies
    - Loose fitting pants
    - Vinyl undies to wear over cotton

- ❖ For adult

- Cotton/machine-washable clothes

# Undies!



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# Advanced Preparation: *Materials*

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- For bathroom
  - ❖ Reinforcers/bin/shelf
  - ❖ Data sheets/system for sharing/traveling (e.g., backpack)
  - ❖ Accessible toilet or potty chair
  - ❖ Preferred liquids (e.g., juice) These should be TASTY!
  - ❖ Extra clothing
  - ❖ Bag, pail or hamper for wet underwear
- Other
  - ❖ Step-stool
  - ❖ Bowl to catch pee
  - ❖ Cleaning cloth/spray
  - ❖ Preferred books, DVDS, computer games/laptop, other activities

# More on “Rewards”

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- Rewarding successful toiletings is an *ESSENTIAL part of the program*
  - ❖ Social praise paired with favorite snack or toy/activity
  - ❖ Known highly preferred items should be used – it should not be assumed that the child will like the item

# Selecting a Reinforcer

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- Should be a food, toy, or activity that is known to be highly (*highly preferred*)
- Should be something that is easy to deliver in the moment, immediately after a “void”
- Must not be available to the child at any other time (set up deprivation period for at least several days prior to beginning toilet training protocol)

# Effective Reinforcement is Essential to Success

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*State of "Deprivation"  
from Targeted Item*



# More on “Pants Checks”

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- Purposes: To detect accidents; to reward child for staying dry (bladder control)
- B/w scheduled toiletings, the child should be prompted to feel the crotch area of his/her underpants
- If dry...reward
- If wet...child should change clothing and clean mess

# More on “Accidents”

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- Prevention
  - ❖ Reminders: Ask child if you notice that he/she hasn't gone in a while.
  - ❖ If child starts to do the “pee-pee” dance, ask “Do you need to go potty?” Sometimes you will need to take the child anyway even if they say “no”.
- During an Accident
  - ❖ Adult should try to catch pee in a bowl or pail.
  - ❖ Tell child to try to “stop”. If child is able to stop, praise and rush to potty.
  - ❖ If unable to stop, dump pee from bowl into potty.
- After an Accident
  - ❖ Child should help to clean up and change clothes.

# Positive Practice

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- If accidents continue to occur consider implementing “Positive Practice”
  - ❖ Upon noticing accident adult says, “Yuck. Wet pants. Pee-pee (or poo-poo) goes in the potty. Let’s practice”. Use a neutral tone/affect.
  - ❖ Quickly guide child to the bathroom.
  - ❖ He/she should change into clean, dry pants.
  - ❖ Then practice the entire toileting sequence ~5x (walk quickly to toilet, lower pants, sit on toilet for 3-5 seconds, stand up, raise pants, then return to the place where the accident occurred and repeat sequence).

# Positive Practice (continued)

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- Adult should use the minimal amount of prompts necessary to complete the steps (encourages independence).
- Do not allow a child to escape from practice by throwing a tantrum or refusing to participate. Adult should use matter-of-fact and firm attitude. Physical guidance may be necessary.
- Following this procedure previous activities can resume.

*“If positive practice is conducted immediately, consistently and thoroughly the child should quickly learn the routine and, before long, learn to use the toilet instead of his/her pants.” (Dunlap, Koegels)*

# Additional Tips

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- Devote concentrated periods to training efforts early in the training program.
- Encourage the child to drink large amounts of liquid in order to maximize the chances for success.
- Supplement spoken cues with visual cues
- Limit distractions
- Watch and listen closely!

# Before You Begin...

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- Collect Baseline Data
- Remember: Messes are likely just as they are with typically developing children!
- Roll up area rugs. If there are areas with deep carpets, make those areas temporarily “off limits”.
- Have all materials in accessible location

# Data Collection

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- Data provides essential info needed to assess program and determine issues
- Record immediately after the event occurs (after you've rewarded or provided appropriate consequence)
- Keep data sheets in a convenient place so that accurate data can be collected

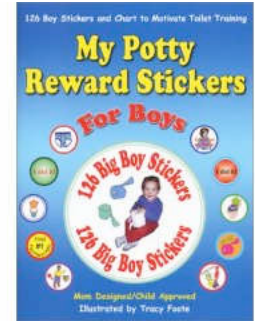
# Managing Non-Compliance

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- Some children (including typically developing children) will tantrum when there is a new rule/routine.
- Remain calm. Do not engage in verbal “back and forth”. Ignore protest and keep a “matter of fact” attitude.
- Follow procedures regardless of initial resistance. Tantrum will likely quickly cease when the child learns that the training will occur anyway.
- Distract/redirect (e.g., DVD/laptop). Deliver preferred item as soon as child is quiet/cooperative.

# Fading Reinforcers

- In Phase 3, begin to fade tangible reinforcers
- Move from tangibles to sticker charts/token boards or verbal/social reinforcement
- Flushing toilet is often reinforcing – only allow the child to flush ONCE and only after a successful void



# Teaching Self-Initiation / Communication

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- Prior to being taken to the potty, the child should be asked, “Do you need to go potty?”
- If the child asks spontaneously in b/w sittings the child should be taken immediately to the potty.
- May need to reward the specific skill of initiating request

# Ways to Communicate Potty

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- Vocally: “potty” or “I need/want potty.”
- ASL Sign



- Photo of potty (or icon from [www.dotolearn.com](http://www.dotolearn.com))
  - ❖ Print/laminate/Velcro several copies
  - ❖ One copy should be affixed on/near the bathroom door
  - ❖ 2<sup>nd</sup> copy may be placed on the child’s communication book or on the wall in room in house where child spends most time; child may wear extendable key-ring clip with photo attached

# Habit / Schedule Training

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- What is it?
  - ❖ Method of developing bladder control by regularly accessing toileting facilities.
- Why use it?
  - ❖ If child shows no awareness of the need to eliminate
  - ❖ If the child shows no awareness or change in behavior when pants are wet
  - ❖ If the person is older than 6 years of age and other training techniques have not been effective
  - ❖ If the child has a mental age of under 3 years

# Habit / Schedule Training

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- What does it involve?
  - ❖ Select potty times for 5-10 min before the child typically eliminates (baseline data)
  - ❖ Develop and follow consistent routine and schedule
  - ❖ Use a picture schedule and/or timer to remind child and adults of potty times
  - ❖ Stopping regular elimination in clothing can result in sensitizing some children to the sensation of wet pants

# Night-Time Training

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- For some children, development of bladder control during the day generalizes to bladder control at night.
  - ❖ Night-time routines
    - Encourage child to pee immediately prior to going to bed, anytime the child awakens during the night, and immediately upon waking in the morning
    - Limit fluid intake in the evenings (no fluids 2-3 hours prior to bedtime)
  - ❖ Bedwetting
    - Consider water-proof mattress pad or pants alarm
    - CAUTION: Does your child typically demonstrate anxious behavior? If so, use of an alarm is not recommended.

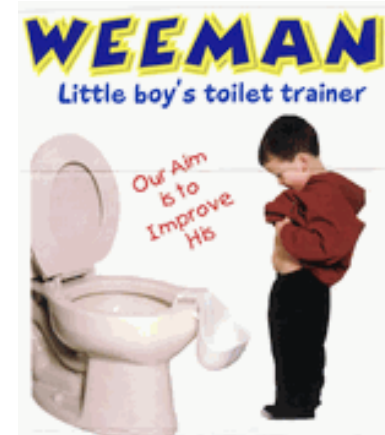
# Alarms for Night Training



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# How to Teach Boys to Pee from a Standing Position

- Model (Dad, other male caregiver, peers at school)
- Clip on urinal
- Fruit loops (improve aim and coordination; motivation)



# Coping with Set Backs and Accidents

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- Regression
- Continued assistance may be needed for some skills (e.g., wiping) even after accidents have ceased.

# Hygiene

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- Related Skills

- ❖ Wiping

- Once child is consistently voiding (1 month accident free), begin to have the child assist with wiping. Reinforce.*

- ❖ Washing Hands

- Use graduated guidance procedure. No verbal or gesture prompts. Rather, use faded physical prompts so that child internalizes sequence of steps.*

# Common Questions

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- How long will it take for my child?
- How can I achieve quick results?
- When is toilet training complete?
- Can my child continue to wear pull-ups/diapers during toilet training?
- Sitting or Standing?
- Home or school?
- BMs vs. Urine: which comes first?
  - 1) BMs at night
  - 2) Urine and BMs during day
  - 3) Urine at night

# Individual “Potty Plans”

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- **Questions about TT my child**
- Techniques tried
- Readiness indicators
- Starting phase/method
- Reward
- Materials needed
- Communication mode
- Team members

# Related IEP goals

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- Decide on overall annual goal(s)
- Decide on short-term objectives
- Use measurable language
- Determine what supports (visual cues, prompts) might be necessary
- Determine “who” will implement and “when”

# Sample Annual Goals

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- (Child) will be able to:
  - ❖ Consistently void in the toilet within 30 seconds of sitting
  - ❖ Consistently remain dry in between scheduled toiletings, 60 minutes at a time
  - ❖ Communicate the need to go to the bathroom (specify: verbally, using a picture, using the sign)

# Sample Language

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- Annual goal: (Child) will demonstrate the ability to consistently remain dry in between scheduled toiletings
  - ❖ Baseline: Has accidents over 50% of the time between toiletings
  - ❖ Criteria: 0 accidents during school day (accidents no more than 2x/month) when taken to the toilet every 60 minutes and given a reinforcement system for remaining dry

# Sample Short Term Objectives

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- Annual goal: (Child) will demonstrate the ability to consistently remain dry in between scheduled toiletings
  - ❖ STO 1: (Child) will remain dry for 30 minutes at a time between toiletings, 95% of the time
  - ❖ STO 2: (Child) will remain dry for 45 minutes at a time between toiletings, 95% of the time
  - ❖ STO 3: (Child) will remain dry for 60 minutes at a time between toiletings, 95% of the time

# “Continuing Notes” of IEP

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- In this part of the IEP document, you may want to include additional language related to specific supports/prompts, protocols, and communication
  - ❖ Examples:
    - Classroom staff and family members will collect toilet training data on a daily basis. The data will go from home to school in a folder kept in (child’s) backpack.
    - Team members agree to quickly communicate important successes/set backs via (e-mail, home-to-school notebook, or phone call)
    - IEP team members agree to systematically implement toilet training protocol and related cues, reinforcement system

# Resources

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- General toilet training materials:  
[www.pottytrainingconcepts.com](http://www.pottytrainingconcepts.com)
- Books for parents
  - ❖ *The Everything Potty Training Book*, Linda Sonna
  - ❖ *Toilet Training for Individuals with Autism and Related Disorders*, Maria Wheeler
- Books for kids
  - ❖ *A Potty for Me*, Karen Katz

# References

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- Books

- ❖ *The Everything Potty Training Book*, Linda Sonna
- ❖ *Toilet Training for Children with Severe Handicaps*, Glen Dunlap, Robert Koegel, Lynn Koegel
- ❖ *Toilet Training for Individuals with Autism and Related Disorders*, Maria Wheeler
- ❖ *Toilet Training in Less than a Day*, Nathan Azrin

- Websites

- ❖ [www.pottytrainingconcepts.com](http://www.pottytrainingconcepts.com)

# Contact Info

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