

**TOILET TRAINING FOR  
CHILDREN WITH SEVERE HANDICAPS**

**A field manual for coordinating  
training procedures across  
multiple community settings**

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## FOREWARD

The procedures described in this manual are based upon the research of G. Dunlap, R.L. Koegel, and L. Kern Koegel (1984). *Continuity of treatment: Toilet Training in Multiple Community Settings*. **Journal of the Association for the Severely Handicapped**, 9, 134-141.

The data showed that when the procedures are followed, severely handicapped children can be successfully toilet trained in a short period of time. Further field-testing has now shown that the results are readily replicable provided that the procedures, especially the coordination aspects, are followed exactly.

We wish you the best of luck in implementing this program.

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## I. INTRODUCTION

Today, many children with mental retardation, autism or other disabilities are living in community residences (such as their own homes or other community placements) and are attending schools and other educational and recreational programs. Often these children are not yet toilet trained. This program was developed in order to help these children to learn to use the toilet in the context of their regularly scheduled daily activities.

Over the past years, toilet training procedures have been developed that are effective with children who are severely delayed in areas of intellectual, behavioral and communicative functioning. For the most part, such procedures are designed to be used in intensive day-long training sessions during which the child and trainer attend solely to the toilet training regime. For those parents, teachers or other service providers who can devote an uninterrupted period of up to several days to toilet training efforts, these training programs can be recommended. Several are available including those developed by Drs. Foxx and Azrin (1973) and Baker, Brightman, Heifetz, and Murphy (1977). *See bibliography for complete references.*

The program presented in this manual differs from previous programs in that it was developed in order to provide an effective method for toilet training severely handicapped children without major interruptions or changes in schedules or activities. The program is designed to be implemented concurrently in homes, schools, clinics, recreation centers and all other places that are included in the child's normal routine.

The approach described here is derived from many previous studies of toilet training which have been reported in professional journals (see bibliography). Furthermore, the specific program itself has recently been evaluated with severely retarded and autistic children and was found to be effective for each child studied.

Before using the program, it is important to read the entire manual very carefully. We suggest that you read it several times to be sure that you thoroughly understand and prepare for each step. Good Luck!!

## II. OVERVIEW

The first section of this manual, "Before You Start" describes ways for you to be well prepared to begin the toilet training program. First, some common questions about the program are answered. Next, signs that the child may show which indicate particular readiness for toilet training are described. Finally, "Before You Start" describes the few materials that you will need to implement the toilet training program.

This section also describes ways for you and your fellow trainers to indicate that you are ready. (This includes preparation such as careful attention to scheduling and having needed materials available in advance.) As you read this section, keep in mind that the vast majority of children who live in the community, no matter how handicapped they may appear to be, can be toilet trained if an effective program is used in a consistent manner.

The second section of the manual presents the program, which consists of two vital components. The first involves the specific training procedures, including detailed steps which trainers should follow to teach correct use of the toilet. The second, and equally important, program component is coordinating the extent to which parents, teachers, and all other people who supervise the child throughout the day follow the same procedures.

The success of the program depends upon how faithfully all of the trainers follow the procedures for dealing with accidents, rewarding the child for successes, and prompting the child to be as independent as possible. Therefore, careful efforts must be taken to develop and maintain communication between all those who are responsible for the child at any time ("trainers"). This communication is needed to insure that everybody is treating the child's toilet training efforts in the same way. This manual includes descriptions and plans for developing and maintaining good coordination.

Following the program description, is a brief section entitled "Completing the Program" which describes what to do once the initial stages of training are done. Also included: instruction sheet, appendices, and bibliography.

## **SECTION ONE: BEFORE YOU START**

Prior to beginning the toilet training program, it is very important that you are completely prepared. It will be very difficult and may impede progress if the program is begun without taking care of the details involved in its proper execution. Such concerns will be discussed below in relation to the child's readiness, logistical details of arranging the program, and the materials necessary for starting. First, we have addressed some common questions concerning the program.

### **COMMON QUESTIONS AND ANSWERS**

1. How does the program work?

This program is unique in that it involves coordination of the child's environments. Briefly, the coordination involves designating a "coordinator" who trains individuals who will come into contact with the child during the program. Our field testing has demonstrated that coordination is the major key to successful toilet training of very severely handicapped children, in multiple community settings, especially if they have been unsuccessful in learning toileting skills in the past.

2. Who should use this program?

This program was designed to be used with any child who needs to be toilet trained. Furthermore, it has been found to be extremely effective with severely handicapped children who have had many different toilet training programs but still are not accident-free. This is because this program provides methods to coordinate all of the child's environments so the program is implemented in a careful and consistent manner. Therefore, with cooperation of all the child's caretakers, even the most severely handicapped children are likely to be successful.

3. How long will the program take?

The amount of time required to fully toilet train a severely handicapped child depends upon a number of factors, including the consistency with which the program is implemented and the number of training trials which occur per day. Some children, including children who were non-verbal and had learned very few other self-care skills, have shown rapid progress within one week, and completed the program within two weeks. Other children required longer periods until they were completely accident-free. In any case, initial progress should be clearly evident within a few weeks if all aspects of the program are implemented faithfully.

4. Are there ways to speed up the process?

Yes. If the child is going to be in one stable setting (e.g., a classroom or home with close supervision) for a period of several hours, the trainer can encourage the child to drink large amounts of liquids in order to increase the number of toilet training opportunities and maximize the chances for successful trials. Devoting such concentrated periods to

training efforts early in the training program can produce quite rapid results. In general, providing liquids will create more opportunities and thus more rapid learning. However, learning will only be facilitated if there is assurance that the program will be correctly conducted. Therefore, it is not a good idea to provide additional liquids when conditions are not optimal for training (such as when the child is about to leave for school or play outside.)

5. Our child has always worn diapers. Should he/she continue to wear them during training to avoid wetness?

No. Training cannot be effectively conducted if the child wears diapers. The child should wear ordinary underwear. Some messes during the early stages of training are likely, just as they are with normally developing youngsters. If there are settings or rooms (for example, a formal room with deep carpeting in which a mess would create a major clean-up problem) it may be wise to make such areas “off limits” until the early stages of training are completed and accidents occur infrequently or never.

6. What should be done if the child resists training by tantruming or noncompliance? Some children (including normally developing children) will tantrum or otherwise resist new rules and responsibilities. This may be especially likely during the initial positive practice trials. When tantrums or other noncompliance occurs, trainers should ignore them and continue to require that the full procedure be completed. The trainer should continue to display a “matter-of-fact” demeanor, adopting the attitude that the procedures are a necessary step towards having the child assume his/her responsibilities. If the full procedures are followed regardless of a child’s resistance, the tantrums will be very likely to stop as the child learns that the training will occur anyway. We have observed that under these conditions, most children quickly learn to participate in the procedures and to become independent toilet users.

7. What about self-initiations? How independent can our child become?

This depends upon a number of factors, including whether or not there is free access to the toilet and whether or not independence is encouraged. In some settings, such as classrooms, the child may need to communicate (with a word or sign) a need to use the bathroom. In other settings, the child may learn to go without an adult’s consent or assistance. The eventual degree of independence will depend upon the prevailing rules of each setting. This program teaches the child to communicate “potty” and also teaches the child to complete each step as independently as possible. As is true for all children, continuing assistance may be needed for some components (such as wiping) for a while after accidents have been eliminated.

8. Does urination or bowel movement come under control first?

Several children who have participated in this program have learned to control their urine before their bowel movements came under full control. For other children, there seemed to be no difference.



#### 9. What about nighttime training?

The present program is designed for training during the child's waking hours. However, some of the children's training generalized so that nighttime accidents were also eliminated. If nighttime accidents continue to occur following the completion of daytime training, some helpful sources can be found in the bibliography.

### **READINESS**

Prior to the start of training, the child's physician should be consulted in order to make sure that there are no medical conditions or problems that would make training inadvisable. The physician may also comment on the child's physical development and age (most children with handicaps should be at least two years of age). This step can usually be accomplished with a phone call.

There are some behaviors that may be positive indicators for the child's participation in the program. For example, if the child displays the ability to retain urine for extended periods of time (½-hour to an hour), such control may facilitate training. Such a child may learn appropriate retention and elimination skills more easily than a child who displays constant, poorly controlled elimination (dribbling, etc.)

The child's general mobility skills may be important. Being ambulatory in terms of independently standing up, sitting down, and walking to and from the bathroom is helpful; as such skills are part of the set of appropriate toileting behaviors. However our field-testing has demonstrated that with minor program adjustments, non-ambulatory children can also demonstrate success with the present program.

Relatedly, in order for the child to be totally independent, some dressing skills are important (such as being able to pull pants up and down, manipulate zippers, buttons, snaps, etc.). The child's grasping ability and fine motor coordination are important for such behaviors, as well as others, such as wiping, etc.

If necessary, the child can be provided with some pre-training on these skills, in order to facilitate progress in the toileting program. However, it should be pointed out that the above-discussed behaviors should not be considered as absolute prerequisites to training with a child. A great deal of training on these behaviors will naturally occur in the course of the toilet training program. Also, it may be possible to circumvent difficulties that may be associated with some dressing skills, such as buttoning or zipping. For example, pants with elastic waistbands can be used to make the raising and lowering easier to accomplish.

Again, it should be stressed that while the presence of some of the above behaviors may be positive indications for success in the program, they should *not* be used as criteria for

exclusion from training. Rather, they are areas that should be evaluated with respect to their possible effects on the child's participation in the program, and provisions for dealing with them should be made accordingly.

## **PREPARATION**

Along with an assessment of the readiness of the child, certain logistical details need to be arranged and settled to insure smooth program implementation. Once a coordinator for the program is chosen (see next sections below) he/she needs to make sure that there is agreement among the trainers who will be participating in the child's different settings. That is, it must be clear that everyone has agreed to participate in the program, understands the details of implementation, etc.

Also the scheduling of the program must be thoroughly established. This includes agreeing upon a starting date, and also making sure that all of the child's waking hours will be covered by the program. This may involve some special arrangements to maintain consistency. If a child is spending large blocks of time in settings or situations where it isn't possible to implement the program, arrangements need to be made to adjust the situation to deal with the problem.

For example, in our work with one child in such a program, a problem arose due to the fact that the child spent a large amount of time riding on the bus each day, a condition in which the toileting program could not be applied. Thus, alternate transportation arrangements were made so that the child was driven to and from school by a volunteer aide, who could implement the program. This continued until the child began to have accident-free days.

The procedures for establishing and maintaining coordination are more fully discussed below.

## **MATERIALS**

Ensuring the availability of the necessary materials is another important step. If materials are not carefully arranged, problems may result. The availability of accessible toilets is, of course, a major concern (see Section Two) but other materials are also very important. If a pants alarm is to be used, it must be available at the beginning of training and must, of course, be in good working order. The data sheets must be printed and ready for use, as well as a system in place for having them travel with the child (backpack, lunchbox, etc.) In addition, all the participating trainers must be familiar with their use and how the data are to be recorded (see Data Recording). The following is a list of materials which will be needed in the process of training:

## SECTION TWO: THE PROGRAM

### A. COORDINATION

As discussed in the introductory sections of the manual, research has demonstrated that continuity of treatment efforts can be very effective in producing behavior change when other, more singular approaches have been unsuccessful. *This is probably the most important part of the program.*

**The Coordinator** – Prior to the beginning of the continuity program, a person must be chosen to serve as the coordinator. This should be a person who is highly motivated and interested in working on toilet training with the child, and has a major involvement in the child's life. A parent or teacher would generally serve in this role. However, other people involved with the child might also be appropriate, such as a therapist from a clinic the child attends, a behavior intervention specialist from a service agency, etc. The main factor is the person's willingness to commit themselves to the organization and conduct of the program.

Obviously, the coordinator's primary responsibility is to organize the implementation of the program in multiple settings. This involves a number of operations. Most importantly, it must be ensured that all the trainers in the various settings are willing and able to conduct the program; that is, they can understand and perform the procedures involved. This is achieved through the initial meeting (see section below) and presentation and discussion of the techniques. Some training and demonstration may be necessary for people involved who have had little experience with implementing structured programs.

Another highly important aspect is the communication between settings. The coordinator is responsible for monitoring the data collection and keeping in very frequent contact with all the settings and trainers. This allows for the discussion of problems and the provision of feedback as to the progress of the program (see Maintaining Coordination below). The coordinator can also provide feedback as to the adequacy of the data collection procedures and any needed changes. It is best that such contact occur through daily phone calls with all of the trainers, at least in the initial stages of the program. This will allow for discussion and resolution of the program details and procedures.

**Developing Coordination** – The first major step in developing coordination is to have an initial meeting, as mentioned above. This meeting should involve all of the trainers who will be working with the child in various settings.

There are several important things to accomplish at this meeting...

**One** – *the specific toilet training procedures should be carefully described and explained.* The program instructions (Appendix B) should be distributed, and all questions answered. The data sheets (Appendix A) should be presented, and the procedure for recording data explained. The importance of following the procedures should be stressed. Potential

problems with implementation in certain settings, such as a lack of access to bathrooms, etc. should be discussed and resolved.

**Two** – *the mechanisms for making sure that the procedures are in effect for all of the child's waking hours should be established.* This usually requires dealing only with trainers from the various settings the child will encounter. However, other situations may arise which require special handling. For example, if a child typically spends a great deal of time on a bus, alternate transportation that assures rapid access to a toilet may need to be arranged, at least until some successful toileting is established. This will ensure that the program is in effect no matter where the child is during the day or evening.

**Three** – *determine a specific starting date for the program.* It should be clearly established that on a certain day the program will go into effect. The major point to keep in mind here is that the program is best implemented during a period of time during which consistency of scheduling can be assured; that is, when no major disruptions will be occurring. For example, it probably would be a poor choice to begin the program shortly before Christmas vacation or just prior to the child moving from one school to another. The trainers involved from the various settings can provide input on this matter and help choose an appropriate start date.

**Maintaining Coordination** – Once the program has begun, the coordinator is responsible for making sure that everything goes as planned. As discussed above, this entails *daily* phone contact (at least initially) and monitoring of the data so that any troublesome issues can be resolved. Given a well-conducted initial meeting, and clear agreement on procedures and techniques, this should go smoothly. However, the coordinator must be aware of possible problems that may occur, such as alternations of procedures, failure to record data, etc. Resolving such difficulties may entail visits to particular settings to check on the implementation of the program.

Frequent contact will allow the coordinator to be aware of and plan for dealing with special situations that may arise. For example, a change in the child's schedule or daily programming (if unavoidable – see above discussion) may have to be accommodated, and special arrangements made to continue the toileting program and data collections.

The above sections have discussed the major steps involved in coordinating the implementation of the toileting program. They are: 1) choosing a coordinator to be responsible for uniform use of procedures and communication among settings; 2) developing coordination primarily through an initial meeting discussing procedures, complete coverage of the child's hours, and a specific start date for the program; and, 3) maintaining coordination and resolving problems through phone contacts, meetings and visits as they are needed.

## **B. TOILET TRAINING PROCEDURES**

The toilet training procedures to be described below are based upon techniques which have been proven to be successful in a variety of settings and with different populations (see bibliography for suggested readings concerning empirical studies that have been reported in the literature). However, it is very important to keep in mind that systematic, consistent application of the procedures is crucial to their success. Even seemingly minor deviations from the program may hinder or prevent progress from occurring.

There are five basic components of the program:

**Scheduling Opportunities for Toileting** – The purpose of this component is to increase the probability that successful toileting will occur, by providing frequent opportunities for the use of the toilet. *Such opportunities should be scheduled to occur at least 1-2 times per hour.* While it is important to be consistent at all times, particular care should be taken to provide toileting opportunities following certain activities, such as snack time, meal time, or any period during which the child may consume substantial quantities of liquids or solid foods.

Prior to being prompted to go to the toilet, the child should be asked “Do you have to go potty?” and prompted to say “potty” or give the appropriate sign (patting the stomach, making the SEE sign for toilet, etc.) This will begin to teach the child some aspects of the process of self-initiating use of the toilet.

Relatedly, during the toileting, the child should be given the minimal guidance and prompting necessary to ensure that all the steps (walking to the toilet, lower pants, sitting on the toilet, raising pants) are carried out.

With regard to self-initiations, if the child spontaneously asks to go to the toilet between scheduled toiletings, he/she should be taken immediately. It is important that easy access be provided as much as possible in the settings the child encounters. That is, self-initiations (directed at others or involving spontaneous use of the toilet) should be encouraged as much as possible and any potential obstacles removed. For example, if a child is too small to get up on the available toilets in a setting unassisted, a potty-chair or step-stool should be made available.

In summary, the component involves:

- 1) Providing frequent scheduled toiletings (1-2 times per hour)
- 2) Prompting the child to make a “potty” request either vocally or manually prior to being taken to the toilet and;
- 3) Removing possible obstacles to self-initiations, and immediately responding to self-initiations by taking the child to the toilet.

**Rewarding Successful Toiletings** – If a child successfully uses the toilet (i.e. goes in the bowl) during a scheduled or self-initiated toileting, he/she should be strongly reinforced. Generally, the reinforcer would consist of social praise (e.g. “Good, you went to the potty!”) at the time of the successful incident. This could be paired with or followed by giving the child a favorite edible, such as a cookie or cracker, or allowing the child to engage in a preferred activity, such as playing with a favorite toy or game.

It is important to keep in mind that *effective* reinforcers should be used; that is, it should not be assumed that praise or certain edibles or toys will be effective. Rather, the reinforcer should be something the *child* had demonstrated that he/she likes and clearly prefers. *Making successes rewarding is a very important part of the program, so be sure to put as much emphasis as possible on rewarding successful toileting.*

**Dry Pants Checks** – This component of the procedure has two major purposes. One is to allow for the detection of accidents, and the other is to reward the child for having dry pants (when appropriate).

Between scheduled toiletings, the child should be periodically prompted to feel the crotch of his/her pants. If they are dry, the child should be praised (e.g. “Good, your pants are dry!”) and occasionally reinforced, as described in the previous section.

If a child spends much time out of close proximity to supervising adults or trainers, so that accidents cannot be immediately detected, it may be necessary to employ a pants alarm (see Resources). These alarms consist of snaps attached to the crotch of a child’s underpants, with wires leading to a signal box attached to the back of the child’s pants. When urine moistens the area between the snaps, a tone is sounded by the signal box. Using such an alarm would be advisable unless the child is almost always in the presence of a trainer or supervising adult.

**Positive Practice for Accidents** – When an accident is detected, either by a pants check or an alarm, the child should *immediately* be taken through the positive practice procedures:

- 1) Firmly admonish the child by holding his/her shoulders (to ensure attention) and say, “No, you wet/dirtied your pants!”
- 2) Immediately and quickly guide the child to the toilet using firm prompts
- 3) Prompt the child to change his/her pants (using guidance to make sure it is done quickly)
- 4) Have the child proceed through the entire toileting sequence at least 5 times. Each sequence should begin as close as possible to the point where the accident occurred. The sequence proceeds as follows: the child walks to the toilet, lowers his/her pants, briefly sits on the toilet (3-5 seconds) stands up, raises his/her pants, and then returns to the place where the accident occurred.

Following the practice, previous activities and scheduled toiletings can be resumed.

There are some important points to keep in mind concerning the positive practice procedures. As mentioned above, the procedures should be implemented immediately upon detection of an accident. During practice, the trainer should adopt a matter-of-fact, non-punishing, and non-rewarding attitude and demeanor (neutral tone of voice, etc.) As far as possible, only the minimal guidance and prompts necessary to complete the steps should be used. Such minimal guidance during positive practice (as well as during scheduled toiletings) will encourage independence in the child's performance of toileting behaviors.

Finally, the positive practice should be conducted at least 5 times. The child should never be allowed to get out of practicing by throwing a tantrum or refusing to participate. While the child may show resistance, a matter-of-fact and firm attitude by the trainer (using as much guidance as is necessary) should rapidly teach the child that the practice is a necessary and inevitable consequence for accidents. If the 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.

**Data Recording** – Data concerning each toileting event should be recorded as soon as possible after the event occurs. Therefore, it is important that data sheets should be carried with the child in all settings (in a lunchbox, backpack, or other convenient location) in order to facilitate the data being recorded accurately and consistently.

After an event, the trainer in a setting should record the date, time, place, whether it was a success or accident, if it was scheduled or self-initiated, and any other specific, relevant comments. (A sample of a completed data sheet is shown on page 19.)

The collection of this data is extremely vital, as it provides the best means for assessing the progress of the program and helping to pinpoint any problem areas that may come up. The coordinator will have primary responsibility for monitoring the data collection and analysis.

**Program Checklist** – Data concerning each toileting event should be

- 1) Provide frequent scheduled toiletings (1-2 times per hour)
- 2) Prompt the child to make 'potty' requests
- 3) Remove obstacles to self-initiations
- 4) Schedule frequent 'dry pants' checks
- 5) Reward successful toiletings
- 6) Provide positive practice for accidents
- 7) Record data on the data sheet

### **C. HYGIENE**

Hygiene should be worked on throughout the entire program. Maximal prompting may be necessary in the beginning, especially for very severely handicapped children. Following each success, this can be accomplished through guiding the child's hand to the toilet paper dispenser, removing a small amount, and then helping the child wipe the soiled body part. The child should not be allowed to play with the toilet paper. Gradually fading the prompt can be done by using less and less guidance of the child's hands until they can wipe independently. In addition, following each success, the child should wash and dry his/her hands before leaving the bathroom. Additional resources relating to hygiene can be found in the bibliography. While they may not be directly related to toileting, some of these procedures should be very applicable.

#### **Coordination of Program Summary – Checklist**

- \_\_\_ meet with Trainers/Care-providers from each setting
- \_\_\_ review and demonstrate all program components
- \_\_\_ distribute copies of program instructions
- \_\_\_ demonstrate use of data sheet
- \_\_\_ ensure coverage of full day (make special provisions as needed)
- \_\_\_ designate date to begin program
- \_\_\_ ensure all materials are ready before designated start date
- \_\_\_ contact all trainers the evening before designated start date
- \_\_\_ contact all trainers immediately after first day of program to answer any questions and confirm procedures were followed.
- \_\_\_ maintain daily phone contact during first week, and regular contact thereafter until training is complete
- \_\_\_ visit each team member periodically



### **SECTION THREE: COMPLETING THE PROGRAM**

The first few days of the program implementation are often the most important for a successful training experience. It is during the first number of trials in each setting that the child should learn new responses and responsibilities pertaining to the use of the toilet. In order for this to occur, all trainers must be as certain as possible that they detect all accidents in a thorough and consistent manner. It will be the coordinator's role to encourage full participation with the program. If the program is faithfully carried out, evidence of progress should be obvious within one week.

Some children may progress more rapidly than others. The rate of progress will depend on many factors including consistency, efficiency, the number of opportunities for early success and the amount of previous control displayed by the child. If any accidents go undetected or are not immediately consequated, the program will probably be slowed down.

The program should be continued without interruption until the child goes for at least three days without accidents in all settings. At this time, the child should also be completing each step without physical guidance (although some assistance may be needed for thorough wiping and cleanliness). When the child achieves this level, the pants alarm can be removed. Dry pants checks should be continued as should the procedures for rewarding successes. If, during this period, an accident is not detected immediately, upon detection the child should be prompted to feel his/her wet pants and then proceed through the positive practice routine.

When the child goes another week without accidents, the dry pants checks and rewards can be reduced in frequency. It is recommended that the positive practice be kept in effect. However, as accidents become very infrequent and as the child continues to display independence, this procedure is not as vital as it is during the initial stages.

When the child completes an accident-free month, it is safe to say that toilet training is complete. After such a period of solid successes, it is rare to see a recurrence of accidents that is not related to an illness.\* At this point you, your fellow trainers, and your child are to be congratulated. Everybody will have benefitted from your joint efforts.

*\*In some rare instances, a child may display accidents in order to obtain attention or to get out of an unpleasant task. Such occurrences should be treated with the behavior management techniques which are successful for other behavior problems. (cf. Becker, 1971; Koegel & Schreibman, 1982; Engleman & Colvin, 1983).*



## Example of a Completed Toilet Training DATA SHEET

U = urine    B = bowel    N = nothing    SI = Self-Initiation

Place	Date	Time	Accident U / B	Taken to toilet U-B-N	SI - U/B
school	12/2	11:30am		u	
home	"	3:45pm		u	
"	"	8:00		u	SI
"	"	9:15		u	
"	12/3	5:10am	u		
"		7:00		u	
"		7:30	b		
school		8:40		u	
"		12:10pm		u	SI
home		2:20		u	
"		4:30		u	
"		7:00		u	
"		10:40		u	
"	12/4	5:00am		u-b	SI
school		8:50		u	
"		11:30		u	SI
"		2:45pm		u	
etc.	etc.	etc.	etc.	etc.	etc.

## Appendix B TOILETING INSTRUCTIONS

A copy of these instructions should be given to each trainer for posting in each setting. A copy should also be carried with the child at all times.

1. **Scheduled Toileting** – Approximately once or twice an hour (more frequently if he/she has not gone for several hours or if he/she has just eaten) ask the child, “Do you have to go to the potty?” If he/she pats his/her stomach, or otherwise responds positively, escort the child to the bathroom. The child should perform all toileting behaviors by him/herself; however, if necessary, administer guidance and/or reminders to do everything efficiently (wiping, washing hands, etc.) Remember, *it is important to get as many positive instances as possible, and to reward those instances.*
2. **Pants Check** – On a number of occasions throughout the day, ask the child “Are your pants dry?” Check his/her pants to be sure they are dry and then praise him/her, and *give a strong reinforce* such as a favorite food or play. Check pants frequently after meals. If he/she has wet or dirty pants, follow the procedures for accidents below.
3. **Positive Practice for Accidents** – As *soon* as any accident is detected, follow these steps. It is critical that all accidents are consequated immediately as follows:
  - a. Firmly admonish the child by holding his/her shoulders (to ensure attention) saying, “No, you wet/dirtied your pants!”
  - b. Guide child to toilet using firm prompts to insure that he/she moves quickly and efficiently to the bathroom.
  - c. Prompt child to change his/her pants (use guidance to make sure that he/she does this quickly) and say, “You wet/dirtied your pants; now you have to practice.”
  - d. Require child to proceed through the entire toileting sequence, initiating from the point where the accident occurred (or as close as possible). Repeat sequence at least five times: walk to bathroom, lower pants, sit on toilet for 3-5 seconds, stand, raise pants, return to place of accident. During practice, offer amount of guidance necessary to move through the steps quickly and efficiently, while still allowing him/her to do as much of it as he/she can or will. During practice, the “trainer” should adopt a matter-of-fact, non-punishing and non-rewarding attitude and demeanor.
4. **Data Recording** – Whenever child eliminates (on toilet or in pants) recorded the event on the data sheet that he/she carries with him/her. This information will allow for better prediction as to when he/she has to go; it will also provide a record of the success of this program.

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