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Toilet Training Procedures For Individuals With Developmental Disabilities

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To achieve toilet training success with individuals whose cognitive development is well below chronological years, adaptation of common toileting training practices used for children without significant disabilities is often necessary. Because individuals with these disabilities may have reduced sensations that they need to void, and because establishing the toilet as the only place to void is often difficult, the following procedures are recommended. The result of success in this program is an individual who is "habit trained." That is, the connection between "toilet" and "voiding" (completely emptying the bladder) is established, and increasingly dry states are achieved between trips to the toilet.

The ability to form a mental image, (e.g., "toilet") and match that image with another image, (e.g., the sensation of a need to void), then act upon those images by signaling to the adult, or transporting oneself independently, requires cognitive constructs that begin to emerge in the 18 to 24 month period of development. For individuals slowly progressing in cognitive development, these precursor skills may not be present when it becomes apparent to care givers that toileting is now a critical issue in achieving greater quality of life. Therefore "habit training" is a viable toileting alternative for the individual ready for increasing community access and greater freedom that being without diapers affords. After habit training has been achieved, the individual remains dependent on adult care givers to initiate going to the toilet until the necessary foresight skills have developed.

Achieving Habit Training

1. **Establish one toileting time to begin**

   Do not place the individual on the toilet regularly throughout the day, hoping to catch him/her when voiding need is occurring. This will result in a loosening of the connection between toilet and voiding as so much time will be spent there with no result. Rather, begin by taking data over a few days to establish the most reliable time the individual is likely to void and a time when a consistent caregiver is available to initiate the following procedures. Do NOT attempt placement on the toilet at other times; procedures should begin only once a day until the initial "toilet/void" connection is made.

2. **Prepare the bathroom**

   Remove all distractions if activity level, distractibility and non-compliance with sitting on the toilet are likely to be a factor in training. Bathroom toys, toilet paper, towel, and anything likely to increase the desire to get off the toilet should be removed for the session.

3. **Give liquids**

Give the individual 4 ounces or more of a favorite liquid 20-30 minutes before attempting the initial session. (If you later find the individual routinely wet before you get to the toilet, consider not giving any liquid before the 4 ounce-plus time. Also, recheck your data to be sure you have accurate information on when urination is typically occurring; you may have faulty initial data.)

4. **Place individual on the toilet and assist in keeping him/her there**

Set the **dry** individual on the toilet or potty chair. (If you find wet pants/diapers, wait until the next day to begin). The individual now has a partially full bladder, and the caregiver waits for the voiding to occur. If the wait becomes extended, and the individual is uncomfortable, allow a brief walk around or stretch, but keep him/her in the bathroom, re-seating as quickly as possible. Do NOT use harsh voice or other techniques to "punish" non-sitting as one does not want to establish the toilet as a place to be avoided. The caregiver can encourage sitting by such techniques as giving a very small piece of a preferred food, such as a raisin, every 30-60 seconds, as long as the individual is on the toilet. Do this only if necessary to achieve the initial prolonged sitting. Avoid making this waiting session very reinforcing at this point, however. Rather, allow getting up briefly, return to the toilet, repeating this cycle.

5. **Further techniques to establish initial connection**

Give the individual more liquids in 10 minutes if urination has not yet occurred. Attempt to get the individual to drink 8-10 further ounces if success has not occurred.

When the individual begins to urinate, do not clap, praise or say **anything** as an excited care giver reaction may stop the individual from completely emptying his/her bladder. When this happens, typically a pattern of incomplete bladder emptying when placed on the toilet develops, so the individual only partially voids there, later urinating in diaper or pants. Once the voiding has finished, <u>then</u> give a hug and praise, high "5" or other personal reinforcing interaction the individual has liked in other settings. Additionally, use of a special reinforcer such as a video, snack, use of a toy or favorite item **immediately** after the voiding will assist the individual in remembering the "toilet/void" connection. It is especially helpful not to give this particular highly desirable reinforcer at other times, thereby making this toileting reinforcement session especially valuable to the individual.

If the voiding occurs off the toilet as he/she is walking about the bathroom, the caregiver should view this as a "success." Do not scold or act disappointed. Reinforce the individual as above. The subsequent sessions will "shape" the behavior from voiding anywhere in the bathroom, to voiding only in the toilet. The "toilet/void" connection is only one step away from the "bathroom/void" connection.

6. **Going from one time per day to regularly occurring sitting sessions**

Continue the one time daily session until the individual has many days in a row of urinating within 2 to 3 minutes after being placed on the toilet. At this point, add a second toileting time based on data you have collected on regularly occurring urination times. Proceed with the same techniques as above. Continue to add further times as the individual adjusts to the schedule and is successful within 2-3 minutes on multiple days. Be sure the times are spread throughout the day. The individual will then come to expect toileting as a part of the daily schedule. Do NOT punish lack of success and DO keep utilizing the successful reinforcers after voiding occurs. Patience and **slowly** adding additional times on the toilet are the keys to success.

7. When is "habit training" fully achieved?

The time will come when the individual has a very firm "toilet/void" connection established and will urinate within a minute or two whenever he/she is placed on a toilet. At this point, "habit training" has been achieved. Independence is still not present, but goals for increasing age-appropriate behaviors and quality of life have no doubt occurred as a result of successful from achieving "habit training." This will typically result in more opportunities for the individual to access community activities.

8. Next steps

When habit training is established and the individual shows more evidence of developing the emerging ability to form the mental representations characteristic of the 18-24 month cognitive development (e.g., persistently looking for lost items, using foresight in daily living problem-solving) it may be that a bladder fullness awareness is also in evidence. Both of these skills are necessary to move beyond the achieved habit training. At this point, the sign for "toilet", verbal statements, or concrete pictures of the toilet can be expected to "label" the "toilet/void" connection and be part of a communication system for the individual. With foresight skills in evidence, the individual can learn to recognize that the signal/word/picture stands for the action of voiding. Teaching him/her to select and utilize the toilet symbol to communicate a need/desire to utilize the toilet is part of the larger communication system the individual will use to communicate his/her choices.

Frequently during the habit training program, the caregiver will observe that the individual has gradually become aware of a need to urinate and has begun to signal a need for help by touching him/her self, looking about, vocalizing or moving toward the toilet. Reinforce these communicative gestures. These behaviors are clear indicators that a signal/symbol/gesture can be developed for the individual to communicate his/her need to use the toilet.

9. Changing the reinforcement system

After habit training is well established over a number of months, transitioning the reinforcement from "toilet/void" to "pants/dry" between toileting helps achieve next-steps towards independence. Typically, this entails rewarding dryness by frequently checking pants on a very regular basis and providing a highly desirable reinforcer. Continue praising or hugging or other mild reinforcers in the bathroom, but shift emphasis to the dry state.

Some caregivers utilize a timer to help them remember to check/reinforce.

10. **What about nighttime incontinence?**

First, take data so you know when wetting occurs. Once you have this information, awaken the individual 30 minutes or so before you expect bed wetting. Do not give fluids in the bathroom; the individual now knows the "toilet/void" connection. If no voiding occurs within 5-10 minutes, return the individual to bed. If the individual is wet when you go to get him/her, allow him/her to continue sleeping or change bedding dispassionately. Do not specially reward nighttime toileting; a calm pat on the back or verbally stated "good" will suffice.

Frequently individuals go through an entire night dry, urinating just before waking in the morning. If this is the case, anticipate by getting the individual up 20 to 30 minutes earlier to toilet. Going back to sleep is probably not likely, but breaking this pattern can be important in further toileting progress. Reward the individual with a special breakfast or with a treat when dryness occurs upon awakening.

11. **Getting further assistance**

Medical consultation is necessary for individuals with specific medical challenges before initiating any training procedure. Review of this toileting protocol with the individual's regular medical care providers is recommended prior to beginning the training when medical conditions exist.

In some cases, difficulties around toileting may have developed from faulty connections achieved in failed previous procedures. Retraining under these conditions, or when there are difficulties in maintaining the individual in the bathroom, may require additional professional assistance. Consultation with the individual's Regional Center Case Manager is suggested to enlist assistance of a Behavior Interventionist when difficulties are present. The interventionist can come into the home setting and assist caregivers in resolving difficulties, un-learning faulty connections, establishing the best time to attempt the initial setting, and so forth.

If the individual has become fearful of the toilet or bathroom, caregivers may need to develop a desensitization program to overcome these fears. There are specific techniques which may be helpful in this situation. Use of an alternative potty chair, adaptation to the toilet itself, or decreasing fear of the bathroom are methods that may assist the fearful individual. Regional Center Behavior Interventionist assistance is suggested.

If the individual presents significant challenges in remaining seated by tantrumming, self-abusive behaviors or other difficulties not overcome by the reinforcement techniques or brief off-toilet breaks described above, consider consultation from a behavior specialist.

12. **Reinforcement ideas**

Some individuals have a large number of items they enjoy using or playing with which can

be incorporated into this program. However, frequently individuals with severe disabilities present a challenge to the caregiver when likely reinforcers are being considered.

Individuals with severe disabilities often find activities or items reinforcing that would not be so for the caregivers or for more typically developing individuals. If it is difficult to develop a list of reinforcers to use in this program, remember that typically individuals with severe disabilities have one or more senses they actively enjoy utilizing: smell, vision, feeling, hearing.

To determine what is reinforcing and available for use in this program, consider: What does the individual choose to look at, touch, or play with during his daily routines? If the individual has a limited repertoire of interests, this can be a challenge. If he/she typically chooses only one thing, such as a string to flick, a block to carry around, and so forth, this is NOT a good item to use as it will be difficult to make it available only, or most often, after successful voiding. The idea is not to withhold something reinforcing that the individual has a history of accessing repeatedly, but rather to choose a few reinforcers that are either novel or can be restricted to this time period without unduly punishing the individual by making a much desire item only available at this time.

No matter how sure you are that the individual will like a new item, try the individual on the item BEFORE utilizing it in the procedure and carefully observe the reaction. Does he/she appear to like/dislike the item? How enthusiastic is the response? If there is a strong positive response, this item may be a viable option.

Contingent Feeling

Consider items with unusual or satisfying texture or physical sensation such as: a “kush” ball or other squeezable items, a bag of marbles to put your hand into, or items available at novelty/gadgetry shops such as balloons filled with sand, “nails” (they have no sharp edges) affixed to a board, or pens which vibrate and wiggle as one writes. Some people like to feel glossy pages in a magazine, soft and fluffy materials, cold metal and so forth. Be aware of the individual's developmental level as items which are small and can be swallowed accidentally must always be utilized with caution, or avoided entirely.

Contingent Visual Exploration

Items which spin, move or emit colors, such as tops or mobiles, or opportunities to look through a prism or look at a favorite magazine or book or video, may all provide interesting and desirable input to the individual who has a history of visual seeking behaviors.

Contingent Smell Opportunities

Putting on hand cream with a desirable aroma, smelling/utilizing aftershave, perfume, and so forth may be exciting/reinforcing for the individual.

Contingent Hearing Opportunities

Opportunities to use a headset, hear a favorite song, make the telephone ring, make a buzzer go off, or activate a mechanical sound effect the student finds enjoyable, may be possible

reinforcers. There is a basketball game that attaches to a door that emits "Yes" or "Good" every time a basket is made. Many students find this reinforcing.

Contingent Cause/Effect

Operating hand held games, pushing buttons or activating mechanical toys, jack in the boxes, and so forth may be exciting to many individuals, most especially to the individual in the approximate 9 to 18 month developmental stages who is actively exploring his/her effect on objects in the world. Blowing bubbles for the individual to catch is often satisfying both in feeling, vision and cause/effect awareness.

Acknowledgments/References

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