

# Toileting Interventions from an OT perspective

PRESENTED BY: NIKKI ROTSHTEIN, OTR/L  
GALVIN THERAPY CENTER



# CONTACT INFO

NIKKI ROTSHTEIN, OTR/L  
*Occupational therapist*

**Galvin Therapy Center**

nikki.rotshtein@galvintherapycenter.com



# Why work so hard to toilet train?

- Increased social acceptance
- Increased educational opportunities and job placement possibilities
- Decreased parent and caregiver stress
- Decreased costs (diapers)
- Decreased risk of physical and sexual abuse
- Decreased hygiene-related physical discomfort and/or infections

# Challenges to Toilet Training

- IQ
- Behavior
- Fear
- Physical Development
- Physical Disability
- Sensory Modulation

# Sensory Modulation

## Over-Responsiveness

to certain forms of sensory input can lead to avoidance of anything that elicits such a response.

Example: Tactile over-responsiveness can make the movement of clothing during toileting very uncomfortable.

## Under-Responsiveness

to certain forms of sensory input can lead to lack of awareness of the need to toilet and/or the desire to seek more stimulation than what is provided during the toileting process.

## Tactile Over-Responsiveness

Clothing moving up/down or getting wet, cold toilet seat, handwashing

What helps?

- Deep pressure activities
- Sensory distractions
- Toilet seat alternatives

# Sensory Issues Affecting Toileting

## Auditory Over-Responsiveness

Toilet flushing, water running, echo potential in tiled rooms

What helps?

- Potty-training videos that include common sounds
- Play times in the bathroom during non-toileting times
- Allowing child to leave the bathroom before flushing
- Calming music or white noise in the bathroom
- Calming sensory activities in general prior to toilet time

## Interoceptive Under-Responsiveness

Lack of awareness of need to “go,” not bothered by wetness in pants

What helps?

- Alerting vestibular activities prior to toilet time
- Long t-shirt method
- Incentives to keep underwear dry

# Common Sensory Issues Affecting Toileting

## Sensory-Seeking Characteristics

Enjoys being wet/soiled, likes movement too much to sit still on toilet, likes high-intensity activity and doesn't want to stop to “go”

What helps?

- High-intensity activities prior to toilet time with high-intensity activities to look forward to after toilet time
- Incentives
- Consequences

# When to start? Signs of toileting readiness

For typically developing kids:

- Awareness of being wet/poopy
- Has dry period for at least two hours
- Ability to pull pants up/down
- Ability to get up and down from toilet
- Ability to sit comfortably on toilet
- Has words for urine and stool
- Shows interest in others going to the bathroom
- Responds to praise and/or rewards
- Is in a generally cooperative stage



# Toileting Readiness for Children with Developmental Disabilities

## Recommended “minimum requirements”

- Some indication of awareness of being wet/poopy
- Physical ability to sit upright on the toilet with adaptations as needed
- Shows some interest in others going to the bathroom
- Allows direction

# What is the expected timeframe?

It is very important to keep this fact in mind to help you from getting burned out!

Autism Treatment Network states it takes an average of 1.6 years for bladder training for children with ASD and over 2 years for bowel training.

# “Schedule Training”

## Visual Schedules

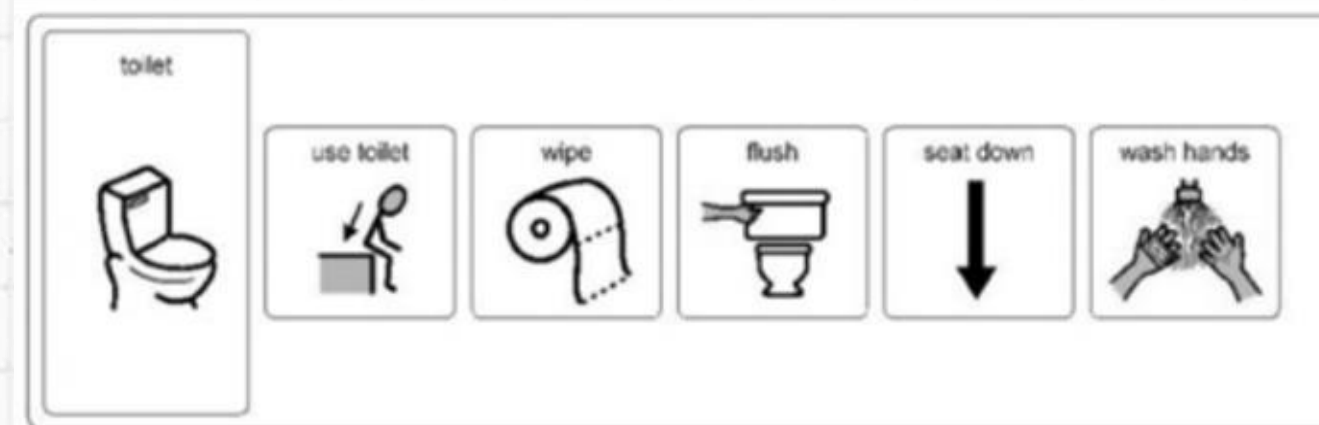
Can be purchased on Amazon or created by your therapist

Identify appropriate times for toileting and build those into the main visual schedule.

# “Schedule Training”

## Visual Schedules

Develop a visual schedule for the bathroom itself (i.e., pants down, sit down, try to “potty,” stand up, pants up, wash hands, reinforcer).



Visual from Living Well With Autism: <https://goo.gl/hZmNnY>

# “Schedule Training”

## Visual Schedules

Caregiver guides process and provides assist and then gradually fades support as they progress.

# “Schedule Training”

## Reinforcers

### Routine Reinforcer:

The last step on the bathroom visual schedule/routine must end with a choice-based activity or reinforcer that can happen in the bathroom. Examples: edible, sticker, high five, bubble blowing.

This reinforcer is not tied to success in toileting but the completion of the routine.

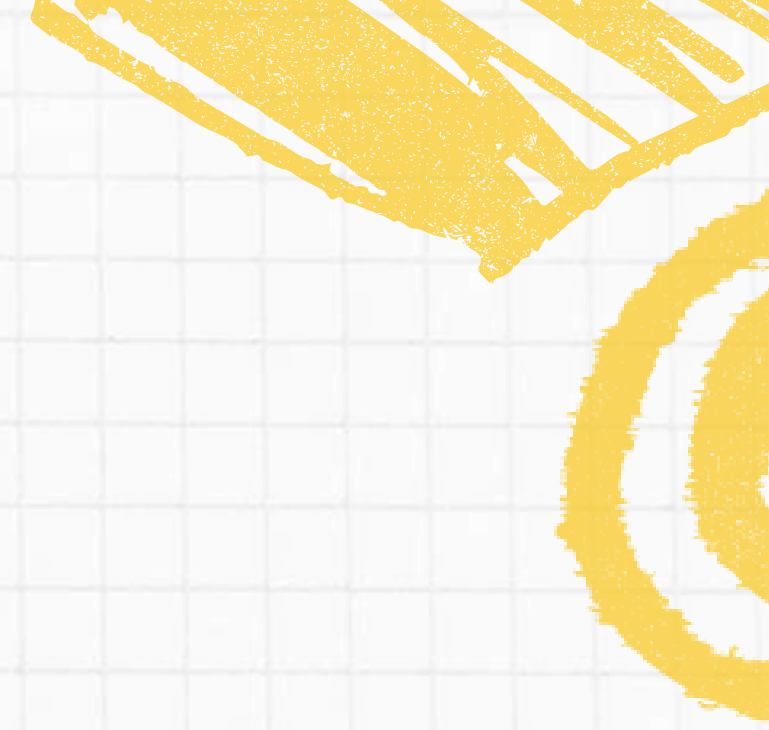
# “Schedule Training”

## Reinforcers

### Success Reinforcer:

A highly motivating reinforcer should be in place for success (e.g., candy, small toys, TV time). With repeated success, move toward a token economy.

# Token Economy





# “Schedule Training”

- Plan for six toilet trips per day.
- Stick to the routine. Slow but steady wins the race!
- Determine the words to use (potty, poo-poo, etc.) that will be carried overall across all their environments ie. school, therapy
- Push fluids.
- Easy-to-manage clothing

# Excellent Free Resource

Parent's Guide from the Autism Treatment

<https://goo.gl/BBVZVV>

# Rapid Training Approach

Developed by Azrin and Foxx in 1971

- Nine adults with a mean age of 43
- Median IQ of 14
- Average of 4 days of intensive training

Full article: <https://goo.gl/qbxzvf>

# Rapid Training Approach

Common practices today include:

- Full-time toilet training (typically takes 1-4 days for people with IQ greater than 20 and younger than 21 years of age).
- Reinforcers for “dry pants” given every 3-5 minutes initially.
- Prompted potty trials every 15 minutes initially.
- Reinforcers given for success.
- Accidents result in cleaning up the mess and “positive practice” of the correct steps in toileting.

Good summary from Potty Training Concepts: <https://goo.gl/aPPIjJ>

# Rapid Training Approach

## Modified - More Manageable Version

- Long shirt, no underwear/pants
- Designated area for toilet training
- Have fun between potty trials
- Prompted potty trials every 15 minutes initially
- Keep swifter handy and plan for deep clean after
- Accidents will happen!

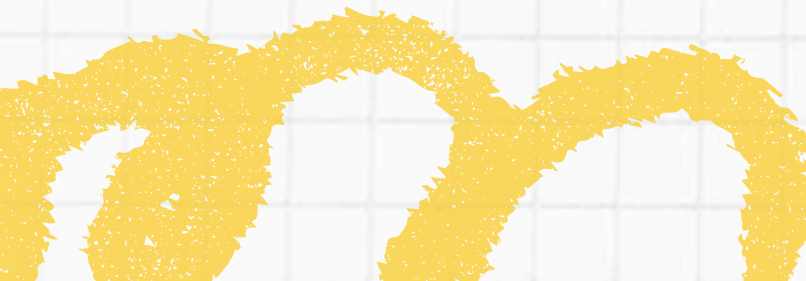


# Pros and Cons to Both Approaches Schedule Training

## Pros

- Low pressure/low stress
- Builds on established routines and rituals
- Does not require uninterrupted training time (no days off work for parents, etc.)

## Cons

- Takes much longer and caregivers often express burnout
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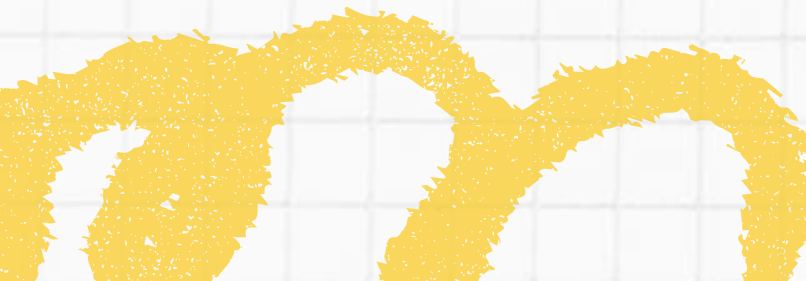


# Pros and Cons to Both Approaches Rapid Training

## Pros

- Fast
- High success rate

## Cons

- Requires caregiver to be able to devote uninterrupted time to training (could be days)
  - Can be stressful if behavior or fears are a factor
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# Sensory Tips

## Both Approaches:

- When possible, conduct training in a designated “cozy” bathroom. Small bathrooms work well.
- Feet need to be firmly planted on floor or a stool.
- Use a visual timer and encourage child to remain on potty until time is up.
- Offer lots of choices. Examples: video or song, book , child flushes or mommy flushes, soap or sanitizer



# Consequences?

Natural consequences should most often be used:

- Assisting in the clean-up process
- Not participating in activities that necessitate people be toilet trained

Additional consequences should rarely be used:

- May be considered when team feels sure child has the skills and cognitive ability
- Best to consult with behavior specialist

# Additional Supports for Both Approaches

## Social Stories or Video Modeling:

Include the steps involved in toileting, the rewards and consequences, and sensory strategies that may be beneficial.

Video model example: <https://goo.gl/VN0MVj>

Social story example: <https://goo.gl/syAVL5>

# Additional Supports for Both Approaches

Variety of books, videos, and apps about toileting to increase interest and decrease fears before training begins.

Top-rated books: <https://goo.gl/lwIQ1E>

Popular videos: <https://goo.gl/MUaSFu>

Top Apps: <https://goo.gl/oYy9u3>

# Overcoming Fears

Make the bathroom a fun place to be! Make bathroom play a part of your daily routine - blow bubbles, water play in the sink or finger painting on the sink or tub.

This will help them get used to the sights and sounds present in the bathroom.

# Play Therapy

By walking the doll through all the steps, the child can feel one step removed from the activities while learning the routine in a playful way.

# Overcoming Fears

## Desensitization:

Combine sitting on the toilet with positive experiences such as calming fidgets, music, or playing with a preferred toy.

# “Poop”

## Refusal to go without a diaper

- First, allow your child to continue to poop in a diaper—but only in the bathroom. After a week or so, let them poop in their diaper, but have them do it while sitting on the potty. Next, cut a hole in the diaper with scissors just before putting it on your child, and let them wear it as they use the toilet

## Poop withholding

- Contact pediatrician
- Diapers for naps and nighttime

# Toilet Training at School

Toilet Training Children With Autism and Developmental Delays:  
An Effective Program for School Settings by Cocchiola et al:

<https://goo.gl/CBMfrp>

- Five students with AU or DD aged 3-5
- Regular underwear and sweatpants
- High fluid intake
- 3-minute potty trials every 30 minutes
- Success reinforcers: edibles or toy for 15s
- Children assisted in clean up process of accidents
- Increasing time intervals to 120 minutes
- Decreasing frequency of rewards

## Results

- Mean of 56 school days for 100% mastery at 120-minute intervals



# Need help?

Call Galvin Therapy Center at 216-514-1600 or visit [galvintherapycenter.com](http://galvintherapycenter.com) to get help with toileting and/or any developmental challenges.

We have it all! OT, PT, SLP, and ABA!!!



Thank you!

