



BBB AUTISM SUPPORT NETWORK

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Generic Habit-Training Program By Mike Wilson

(printable article #9 – with thanks to BBB Club member Diana)

For years, parents and other care providers have been bringing children with autistic characteristics to the toilet, sitting them down hour after hour, only to find that nothing is accomplished. The following outlines one method of habit training, known as the "challenge" method because the parent or care provider picks one optimum time and challenges the child to urinate in the context of the bathroom. After this one toileting time (per day) is consolidated, other toileting times are added, and eventually the youngster is rewarded for remaining dry in between toilettings.

For years, parents of toddlers have been bringing their children to the toilet, sitting them down once an hour and walking away baffled because nothing happens. Well, something *does* happen. That something is what behaviorists have labeled "practicing failure". Ironically, these parents are not teaching their children anything about toileting but, instead, are teaching them to play with water, to unroll toilet paper, to toss tub toys and to engage in myriad other activities. In particular, children with developmental delays often do not connect being brought to the toilet every hour with urination. Rather, these youngsters perceive being brought to the bathroom as just another opportunity to play (parents all too often bring a child into the bathroom and start reading books, playing music, showing videos, etc). Unfortunately, this practicing of failure only serves to delay the acquisition of toileting skills.

Step 1

A habit-training effort avoids situations in which failure is practiced. Thus, instead of placing your child on the toilet once every hour (with no way to convey what you want him to do), you should initially pick *one* toileting time. That is, find the one optimum time when your youngster is most likely to urinate and challenge him or her to remain in the bathroom area until the youngster finally urinates. Thus, you will need to take data to determine that one optimum time.

Once you establish this time, initial habit training should center only on that period. There will be no other time of day until your child is able to urinate at this initial toileting time. A sample data sheet has been included with the appendices.

Step 2

When you are ready to begin toilet training, try to give your child 2 to 4 ounces of a favorite liquid 20 to 30 minutes before the predetermined. Time. For example, if your child is most likely to urinate every day around 2:00 pm, start giving liquids around 1:30 (However, do *not* give any liquids before the habit-training session if your child routinely ends up wetting before you get started)

Step 3

Before you start a habit-training session, it is important to set up the bathroom. This means removing distractions, including toiletries, toilet paper, towels, and especially all bathroom toys. You want your child to perceive habit training as a task, not as just one more way to play. Some parents



will even turn off the water valve and flush the toilet, to eliminate the possibility of their child playing with the toilet.

Once you have the bathroom all set up, you are ready to proceed. Assuming that your child is *dry*, sit the youngster on the toilet (or potty chair), encouraging him or her to remain seated. If your child is wet before the habit-training session, you simply have to wait until the next day. Your child's bladder needs to be relatively full before any session. If your child becomes uncomfortable after sitting for a while, permit him or her to get up. You can let the youngster walk around a bit, moving, stretching, and so forth, but keep him or her *in the bathroom*.

When you feel ready, put your child back on the toilet or potty-chair. Some parents use a technique know as saturation reinforcement to encourage a child to remain seated; for example, they give their child a raisin every 30 to 60 seconds, as long as the youngster remains seated. However, even this seemingly benign effort can backfire, as the youngster might start to perceive the bathroom as just another place to eat raisins.

Step 4

Continue to alternate between sitting your child on the toilet (or potty chair) and letting the child up for a few minutes, all the while keeping the youngster located in the bathroom. If your child does not start to urinate within 5 to 10 minutes, you should start offering him or her fluids. This can include juices, Popsicles, or even sodas, if medically safe. If possible, try to get your youngster to take in 8 to 10 ounces of fluid while in the bathroom. At this point, you simply wait out the child and let nature take its course, even though this can take time and may include tantrums. Parents should be reassured in knowing that literally hundreds of other parents have successfully outlasted their youngsters. (However, if you have *any* concern that this approach may be medically contraindicated, have your physician review the plan before you implement it.)

When your child first starts to urinate, *say nothing*. Sometimes, if parents get too excited, the child will stop urinating before emptying most of the bladder. However, once your child stops, give hugs and praise. There should also be a special reward, perhaps a favorite snack, toy, or video. It is helpful if this special treat is not available at any other time. For example, if your youngster has a favorite "Barney" tape, that tape would be available only after he or she has urinated and not at any other time.

It is also important to note that your child may have an accident and urinate on the floor while walking around the bathroom area. (You might hold a cup in front of the urine stream, catching it before it hits the floor). Actually, this is good progress, as your child is at least now urinating *in the bathroom*. Do not scold, but encourage your child, explaining, "That's OK. Next time we'll get you on the toilet in time." Don't forget to reward even these accidents, given that they occur in the bathroom. Once your child starts to urinate in the context of the bathroom, your task is to shape this behavior, from standing anywhere to sitting on the toilet or potty chair.



Step 5

Continue this process (toilet training only one time per day) until your child is able to start urinating within 2 to 3 minutes of being seared on the toilet. Once this is accomplished, add a second toileting time, repeating the same steps. Continue to add toiletings, with the times spread throughout the day. You should be careful not to add new times until your child has adjusted to the schedule you are currently working on.

Step 6

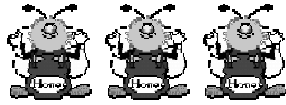
You and your child should eventually reach a point where you can sit your child on the toilet at almost any time and he or she will urinate within a minute or two. At this stage, your youngster is considered to be *habit trained*. This means that your child now makes the connection between being sat down on the toilet and urinating. This also means that you are now free to set up a toileting schedule, whereby you take your child to the bathroom at regular intervals. Your child is not independently toilet trained at this stage, as he or she will probably still have to rely upon your reminders to urinate in the toilet. (Some developmentally delayed youngsters have physiological difficulty in sensing or feeling that their bladder is full. Thus, it may take a long time to move beyond the habit-training stage.) But at least you will have your child out of diapers and your youngster will feel more grown up.

Step 7

When you feel that your child is physiologically ready to start monitoring bladder sensations, you should start weaning out your prompts, reminders, or regularly scheduled toileting trips. For nonverbal children, parents often start to introduce the sign for "toilet", as well as sight words, PECS, pictures, photographs or icons. Some parents even enlist the autistic tendencies of their children, creating rituals whereby the child *has* to communicate – for instance, by pointing to an icon as the first step of the toileting routine. In any event, once your youngster is habit trained, it is a good time to label this activity and incorporate it into your child's particular communication system. What often happens is that youngsters gradually become aware of their need to urinate and begin asking for help or independently going alone.

Step 8

To finish the task of habit training, and to help transition your child to a more independent level of toileting, initiate a contingency shift. That is, you gradually shift the emphasis away from rewarding your child for urinating in the bathroom, moving the emphasis toward rewarding him or her for remaining dry *in between* toiletings. Typically, this means you must schedule times to check you child between toiletings, rewarding him or her for remaining dry. Once example of this approach is based on a differential reinforcement (of) other (good behavior) (DRO) Timer Program and is shown in Appendix A.



Step 9

Nighttime incontinence is generally treated as a separate issue, but children who experience it can respond to a procedure similar to the one outlined above. Thus, your first task is to take data. This usually means checking your child several times throughout the night to find out when he or she is wet, though many parents already know roughly when their child urinates during the night. Once the nighttime pattern is established, the child is usually awakened and brought to the toilet 30 to 40 minutes prior to when you would expect any bed-wetting. However, the time should not be rigid but should accommodate sleep patterns and other concerns. The important point is to let your data give you a rough idea of when you will get your child up for a nighttime toileting.

The big difference in nocturnal habit training is that we generally do not give fluids in the bathroom, because at this point your child knows what toileting is about and doesn't need this priming. Also, it is recommended that you do not give specific rewards after a nighttime toileting. Thus, you would simply get your child up, bring him or her to the toilet, and sit with your child until there's success. If your child does not urinate within 5 to 10 minutes, simply return the youngster to bed. Also, if your child is already wet when you are about to start, just let the child sleep and pick up the training on the following night.

Keep in mind that it is not uncommon for a child to go through the entire night dry, only to urinate just before waking up in the morning. If this is happening with your child, your task is to anticipate this possibility and get the youngster up 20 to 30 minutes earlier than normal. Although your child probably will not have time to return to sleep, it is important to break this cycle of urinating just as the child wakes up. If your child has remained dry, try to have a special breakfast or treat ready. Also, don't forget to give your child profuse praise and attention.

Another suggestion is "stop/start" exercises, which can be performed during the day. These exercises are thought to improve bladder control and often are helpful in getting the child to hold urine throughout the night. Generally, you would accompany your child to a regular toileting if your child were able to understand, have him or her start and stop the flow of urine several times while urinating in the toilet. However, keep in mind that a child with autism or autistic tendencies may pick up on the stop/start pattern and make it the only way to urinate. Similarly, self-stimulatory rituals can emerge out of this stop/start training. If you think that this might be a problem with your youngster, simply avoid stop/start training.

Once again, punishers **are not** recommended for accidents. If your child wets the bed, the best approach is simply to clean up the youngster and the bed in a subdued manner. As with daytime habit training, do not point out or accentuate incontinent episodes. Rather, attend to and reinforce good toileting behavior.

ADDITIONAL SUGGESTIONS



1. Some children are very shy or afraid of the bathroom. Given this possibility, it can be helpful to train a child to use a potty chair in the privacy of his or her own bedroom. If the youngster will accept this compromise, the chair can be faded out and the toilet faded in. This is accomplished simply by gradually moving the potty chair out of the bedroom and into the bathroom.
2. Once the child is habit trained, consider identifying important rewards (e.g., favorite toys, activities or even special snacks) and taking control of them. Your child will have access to these special rewards only on days that the toilet is consistently utilized. This approach is often needed to address backsliding, which seems to happen with every youngster.
3. You may have to use *brief time-outs* to reduce incidents of tantrums or destructive or aggressive behaviors, if and when they occur during a habit-training program. Be sure to read the accompanying worksheet on brief time-out (included in Appendix B) and that you follow all safety recommendations. As a last note, brief time-out is usually recommended only for preteen youngsters.
4. Use silent, nonreinforcing clean-up techniques. During the process of being habit trained, youngsters inevitably have accidents. It is important to be calm when these occur. Some youngsters actually find the attention they receive while being cleaned up to be very rewarding. You want to minimize this effect, so downplay the clean up, generally making it as nonreinforcing as possible.

Appendix A: Sample Timer Program to Support Toileting

Rationale: Once a child is habit trained, shift the emphasis from urinating in the toilet to remaining clean and dry *between* toiletings. This is important because many children enjoy the attention they receive while being cleaned up (from accidents), or the reactions of other people when they are wet. If a child becomes too oriented to parental attention to accidents or subsequent clean-ups, an intricate behavioral interplay may become established: Your child may purposely wet his or her pants and then seek you out to be cleaned, which, ironically, may encourage more wet pants. Research into this issue has shown that you simply need to shift your emphasis. That is, instead of giving your child attention for wet pants, you must "catch" your youngster being clean and dry between regularly scheduled toileting times. A timer program is one way that you will be able to accomplish this task.

How to Start: The first step is to set a timer or clock to go off at regular intervals, to remind you to complete "pants checks" in between toiletings. Simply put, you discreetly touch your child's pants or take a quick peek to see if the youngster is dry. This process should take only a few seconds. As a rule of thumb, it helps to initially have two or three pants checks between each toileting. So if you are taking your child to the toilet every 2 hours, you might schedule pants checks at 30 to 45 minute intervals.

Reinforcement: When you complete a pants check and your child is dry, give the youngster praise and a special reward. If your child is wet, *quietly* clean up the youngster, being as low-key as possible. Try to avoid talking about being wet; do not focus any attention on the clean-up process.



Also, don't make clean up a fun time; for example, do not give your child a nice, warm bubble bath. All clean up should be as brief, to the point, and nonrewarding as possible. Once you have your child cleaned up, set the timer for a few more minutes. Hopefully, when it goes off your child will be clean and dry. *Then* you can give the youngster a small reward. You may want to consider using the following as rewards:

- Your direct one-on-one acknowledgement, attention or praise;
- Brief opportunity for extra close time with you;
- Brief opportunity to play a game or roughhouse with you;
- Being read a short story by you;
- Brief access to favorite toys;
- Brief access to favorite dolls;
- Brief access to favorite computer games;
- Brief access to favorite television or VCR shows;
- Brief access to favorite CDs or cassettes
- Brief access to favorite musical instrument;
- Brief access to favorite pictures or photo album;
- Brief access to a pet or other favorite animal;
- Brief opportunity to play outdoors;
- Brief opportunity to work in garden or yard;
- Brief opportunity to go for a hike or walk;
- Brief opportunity to tinker with safe tools;
- Brief opportunity to call friend on the phone;
- Opportunity to invite someone over for a visit;
- Tokens to be used toward special activity or purchase;
- Small amounts of money;
- Small amounts of favorite snack or treat.

Note: It is usually helpful to devise a "menu" of reinforcers that can be rotated on a daily basis. Also, a timer program will be more powerful if your child has access to these rewards only when you run the timer program.

How Long to Use this Program: After you give your child the reward, reset the timer, repeating the timer cycle until you decide to stop. Most parents try to run a timer program for 3 to 4 hours at a time, usually during free time in the morning or afternoon. When you finally get several weeks of dry pants, start to fade out the timer program.

Use of a Cue: It might also be useful to provide your child with a cue that you are running a timer program (and that you are trying to reward him or her for remaining clean between toilettings). Many parents report that the following can be useful cues:

1. Placing a baseball cap on your child during the timer program.
2. Placing a special vest on your child during the timer program



3. Giving your child "special pants" during the timer program.
4. Putting a safe toy watch on your child during the timer program.
5. Putting safe wristbands on your child during the timer program.

Some children with autism won't tolerate wearing anything new or different, so some parents play a special cassette or put out a special picture to cue their child. Once you decide on what sort of cue you are going to use, you simply introduce it to your youngster whenever you run the timer program. Hopefully, your child will come to realize that whenever this cue is presented, as long as there are no accidents, he or she will receive some sort of enjoyable reward each time the timer goes off.

Mild Behavior-Reduction Procedures: Some parents try to use a timer program but soon become frustrated. Sometimes it can be helpful to use a mild aversive (e.g. removing favorite toys or activities) to back up the timer program. Usually, parents will tell their child that any additional wet pants that morning or afternoon will result in the total loss of a favorite activity or toy for the rest of that particular morning or afternoon. For example, you might consider removing your child's access to outdoor play, music, television, or special toys. It is very important that you remove a special item or activity *only for the remainder of that particular morning or afternoon*. Do not fall into the temptation to take away items or activities for an entire day, for two reasons: First, you probably rely upon these toys or activities to help keep your child occupied, and, second, you may need to use them as back-ups later on in the day:

Note from Liz: I do not personally agree with the above-mentioned *Mild Behavior-Reduction Procedures*. I in no way endorse this procedure. I included it here because it was part of Mr. Wilson's article. If you were experiencing tantrums, I would ignore the tantrum and reinforce the appropriate behavior.

Appendix B: Sample Time-Out Program To Reduce Severe Toileting Problems.

How to Start Time Out: When your child engages in a behavior that makes it impossible to continue with habit training (e.g. kicking, screaming, tossing nearby objects), try to gain eye contact. You can gently lift up your child's chin with your hand to help establish eye contact, but don't struggle over this issue. Say, "Stop."

Also use your hands to give the sign for "stop." It is important to say and sign "stop: only once- do not repeat. If your child stops the problem behavior, say, "Good listening," while you prepare to continue toileting.

How to Continue Brief Physical Time Out: If your child continues with the problem behavior, then proceed with the time out as follows:

The first step is to sit your child on your lap at the site where the problem is occurring. Do not bring your child to any other area unless it is impossible or too dangerous to use time out in the bathroom



area. From behind, gently but firmly hold your child by the hands, keeping him or her seated. If necessary, cross your child's hands to gain additional control (basket hold). You should sit where you will be comfortable and safe – even on the floor. Of course, be careful not to harm your child in any way: Do not bend your child over double, do not sit on him or her or restrict your child's breathing. Do not talk to your child during time out. As soon as you sense even the slightest decrease in your child's struggling or verbal protest, start to relax your hold. Continue to relax your hold, tightening up only if the behavior starts to escalate again.

Perseverance: Be prepared to repeat time out many times. There's a very good chance that your child will continue to test you.

Safety: Although I have noted that you should not give up once you've started time out, you *must* stop time out for any safety concern. Do not use time out when your child is ill.

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