

Down Syndrome, Toilet Training, and YOU!

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Outline

- Prerequisites for Trainees and Trainers
- Getting Ready to Begin
- Intensive Toilet Training Approach
- Less Intensive Toilet Training Approach
- Common Challenges
- Wrap-up
- Questions



Signs of Readiness

- Asking to be changed (bothered by soiled diapers)
- Asking to use the toilet
- Staying dry through the night
- **NONE OF THE ABOVE!**
 - It is common for children with developmental disabilities not to display any of these behaviors prior to successful toilet training
 - If other prerequisites are met, no need to wait

Prerequisites-- Physical

- The absence of medical contraindications
 - Consult with PCP
- Bladder capacity– one hour between urinations
 - Diaper checks
 - Consult PCP if not achieved at age 4
- Regular, formed bowel movements
 - Not too hard, or too soft
 - Not too frequent, or infrequent
 - Again, consult PCP with above issues

Prerequisites-- Cognitive

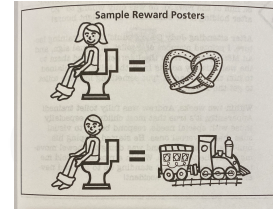
- Mental age of at least 18 – 24 months
(Coucovanis, 2008)
- Understanding of basic reward contingencies
 - First _____, then _____.
 - Teach using concrete, easily prompted activities.
 - First clap your hands, then M&M.
 - First get in car, then watch tablet.
 - Multiple trials over a couple weeks.
 - Also a time to consider best communication strategies to use.

Prerequisites-- Behaviors

- Mastery of basic dressing/self-care tasks
 - Taking pants/underwear up and down
 - Basic operation of toilet
 - Wiping
 - Washing hands
- Ability to sit on the toilet for 3 minutes for urination, 10 minutes for bowel movements
 - Minimally stimulating toys allowed
- Interfering behaviors are at a manageable level
 - Noncompliance, tantrums, self-stimulatory bxs
 - May need to consult on behavior plan to address prior to starting toilet training

Teaching the Sit (Coucouvannis, 2008)

- 6-8 “practice sessions” per day
- Not a choice
 - “It’s time to sit on the potty.”
- Visual prompts
- Start small, with assistance as needed
 - Five seconds, gentle physical hold as needed
- Reward immediately
- Gradually increase independence, then time
 - Increments of 5-10 seconds, stick with same time goal for whole day



Toilet Anxiety

- Social stories
- Books about toileting
 - Preferred characters
- Gradual exposure, rewards necessary!
 - Example gradual exposure plan:
 - Stand outside bathroom with door closed
 - Stand outside bathroom with door open
 - Stand inside bathroom
 - Touch toilet
 - Sit on toilet lid down, clothes on
 - Sit on toilet lid up, clothes/diaper on
 - Sit on toilet lid up, diaper off

Prerequisites-- Caregivers

- Sufficient time
 - Intensive program requires hours each day, many days in a row
 - Other plans still require many scheduled toilet visits each day, important to follow schedule
- Sufficient support
 - Are all caregivers informed and on board?
 - Home and school/daycare plans
- Consider other stressors
 - New baby, new house, new jobs, new relationships
 - Avoid acute adjustment periods



More on Caregiver Preparedness

- Caregivers need to:
 - Be excited, encouraging, and positive
 - Remain calm and neutral in the face of setbacks, especially in response to accidents (which WILL happen)
- You know your child and situation best.
- Know that it is never too late, and you can try, try again!



Almost(!)Ready To Begin

- Also need to consider...
 - Communication
 - Rewards
 - Environment
 - Intensive v Less Intensive Approach
 - Consider your situation and abilities
 - Consider previous successes and failures
 - Consider your temperament
 - Consider your child's temperament

Communication Strategies

- Use a method your child is already familiar with.
- Decide on terms/phrases and images
 - Potty v toilet v bathroom, etc.
 - "It's time to go potty."
 - Caregivers should use the same words/phrases/signs/images
- Communication among caregivers
 - Decide on methods (e.g., email, phone, etc)
 - Make sure all have appropriate charts
 - Written material wherever possible

Rewards

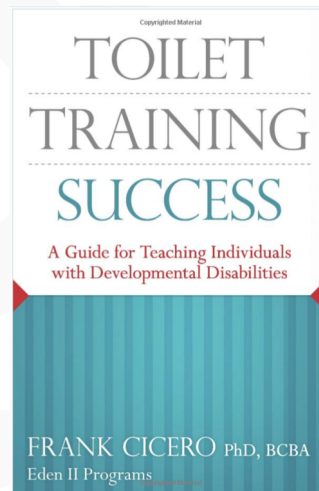
- Choose something highly preferred
 - Food is OK!
- Can be different at school, home, and daycare.
- Reward ONLY accessed though toileting.
- Keep it small and not time intensive.
 - E.g., 1 chocolate kiss, 5 minutes on tablet
- DO NOT give the reward except for successful completion of goal.
- Give the reward EVERY TIME goal is met.
- Be mindful of reward fatigue
 - OK to change things up based on interest

Environmental Considerations

- Visual schedules and prompts
- Clothing is easy to don/doff
- Toilet seat
- Foot stool
 - Feet planted, balanced, knees at/above hips
- Timer
- Activities
- Rewards
 - Easily accessed for immediate delivery
 - Reward posters for reminding

Intensive Training

- Advantages
 - Training tends to be faster
 - Can still take place in multiple settings
- Disadvantages
 - VERY time intensive
 - 1:1 supervision needed



Intensive Training: Preparedness

- Set up a work/play station either in or directly adjacent to a bathroom
 - Should be pleasant/fun
 - Two chairs and a table
- No diapers/pull-ups during training hours
- Trainee should wear tight, light grey sweatpants so that accidents can be easily detected
 - Skip shoes at home, plastic shoes at school
- Increased liquid intake to create more opportunities for learning/urination, consult PCP re: safe amounts for your trainee

Intensive Training: Urination

- Scheduled sit every 30 minutes for 6-8 hours
- Trainee should request the toilet using the method you decided on before hand
- Limit your verbal prompts as much as possible
 - Use gestural and physical prompts
 - Remember to use the least intrusive prompt you can
- Sit for maximum three minutes
 - May be done sooner if urination occurs
- If urination occurs, praise immediately and reward after getting dressed
- If no urination occurs, prompt off the toilet
 - “OK, I guess you don’t have to go.”
- **ONLY** scheduled and trainee initiated sits
 - Accidents are learning opportunities, don’t avoid them!

Intensive Training: Accidents

- Accident Correction
 - Teaching WHEN to use the toilet
 - Watch for signs, watch underwear
 - Immediate startle statement and physical prompt to toilet
 - “Pee! Pee! Hurry! Hurry!”
 - Loud, excited voice; goal is for startle to temporarily halt urine stream
 - **NOT** a reprimand, angry, or disappointed tone
 - If urination on toilet, praise and reward
 - If no urination on toilet, no reward
 - Return to schedule
- Unnoticed Accidents
 - No consequences, simply change clothes with neutral attitude
 - Trainer failure, not trainee’s

Intensive Approach: Making Progress

- Watch the data, track the following:
 - Frequency of accidents
 - Necessary during initial stages
 - Add more liquids or time between sits as needed
 - Frequency of independent requests
 - Has to be followed by urination to count
 - Increase to one hour between sits when consistently requesting more than once/day
 - When accidents near zero, eliminate prompted sits
 - % urination on the prompted schedule
 - $(\# \text{ urinations on toilet} / \# \text{ prompted sits}) * 100$
 - Shoot for 80%, add more liquids or time between sits as needed

Intensive Approach: Generalization

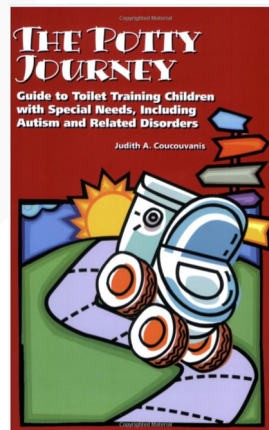
- Continue accident correction
- Regular clothes/normal liquids
- Moving out of bathroom
 - In other rooms of house
- Continue immediate delivery of praise and reward until VERY well established in a variety of settings
 - Then GRADUALLY fade the reward
- May need extra reminders in special places

Intensive Training: Bowel Movements

- Collect baseline data for two weeks
 - Time, location, consistency, notable behaviors
- Find the common time, start training 30 minutes prior to that
- Scheduled sits every ten minutes
 - Verbal and/or visual prompt to have BM
 - Sits last until BM occurs or ten minutes pass
- Ends when BM occurs, accident, or bed time
- For accidents
 - Stay neutral and calm
 - Have trainee help clean up
 - Put BM in toilet and flush if possible

Less Intensive Approach: The Journey

- Notice I didn't say NON-intensive...
- Advantages
 - Fits more into normal routine
 - Potentially less deliberate work on generalization
- Disadvantages
 - Can be a long haul
 - Still a lot of work!



The Journey: Start With Data

- For TWO WEEKS
- Starting when they wake and every hour after that
- Time
- Location
 - pants v toilet
- What
 - BM
 - U
 - U/BM
 - N = nothing

The Journey: Making a Plan

- Observe patterns in the data to select times
- If no patterns in urination, sits every 1.5-2 hours after waking
- Sits 15 minutes prior to typical BM time
- Choose one to go first (BM or U)

The Journey: It's Potty Time

- Prompt to bathroom, show reward poster
- Use other verbal/visual prompts to guide through routine
- Sit for up to three minutes, less if urination occurs
- Immediate praise and rewards for success
- If no urination, remove from toilet and finish routine.
 - “Maybe next time you can go potty and earn ____.”
- Stick to schedule but honor requests
 - Use schedule for ONE WEEK prior to changing

The Journey: More Potty Time

- Start sits 15 minutes prior to usual BM time
- Sit for 10 minutes (toys allowed), followed by 20 minute break, repeat as needed
- Stay close to bathroom, return immediately if child shows signs of BM
- Accidents
 - Stay calm/neutral, minimal attention
 - Change in bathroom
 - Put BM in toilet if possible
 - Sit on toilet for 30-60 seconds
 - “Remember, pee/poop in the toilet.”
 - Help with cleaning if developmentally appropriate

The Journey: Making Progress

- Everyone involved keeps tracking data!
- Rewards for dry pants
 - When having success on the toilet, and three or fewer accidents per day
 - Check in half way between sits
 - Use most powerful reward
 - Gradually lengthen time in between checks
- Fading prompts
 - Remove yourself gradually from both prompts and physical setting
- Independent toilet use
 - If requesting, praise and reward that behavior
 - If not requesting, begin pairing toileting with activities that will prompt trainee (e.g., transitions, certain activities)

Choosing an Approach: Last Words

- Tonight was an overview.
- Recommend reading more about whatever approach you choose so that you can feel confident.

Constipation

- Pain/difficulty can perpetuate patterns of fear and avoidance
- Also complicates schedules and creating opportunities to practice
- Talk with your PCP if you have concern about constipation

Regressions

- Consult PCP to rule out medical issues
- Note any changes in the environment
 - Revert back or revisit training in new environment
- Address interfering behaviors
 - May need to revisit training once addressed
- Make sure no reinforcement of accidents
 - Be mindful not to create social exchanges around accidents or unsuccessful toileting
 - Make sure this is consistent among caregivers

Overnights

- Prerequisites: daytime dryness, at least age seven
- Often times happens naturally
- Can wake trainee to toilet before you go to bed
- If wanting to address, you wake every one to two hours to assess bed dryness and get “baseline”
- Schedule an awakening to toilet based on data
- Rewards for dryness
- Consult professional before engaging potty alarm

Final Takeaways

- There is a lot to be done in preparation for any approach.
- Make sure it's a good time for you as well as your trainee...
- But don't put it off too long.
- Toilet training is important, it opens doors and opportunities.
- Seek professional guidance when necessary.

Questions?

- Resources Cited:

- Cicero, F. (2012). *Toilet Training Success: A Guide for Teaching Individuals with Developmental Disabilities*. New York, NY: Different Roads to Learning, Inc.
- Coucouvanis, J. A. (2008). *The Potty Journey: Guide to Toilet Training Children with Special Needs, Including Autism Spectrum and Related Disorders*. Shawnee Missions, KS: Autism Asperger Publishing Company.