



Toilet Training

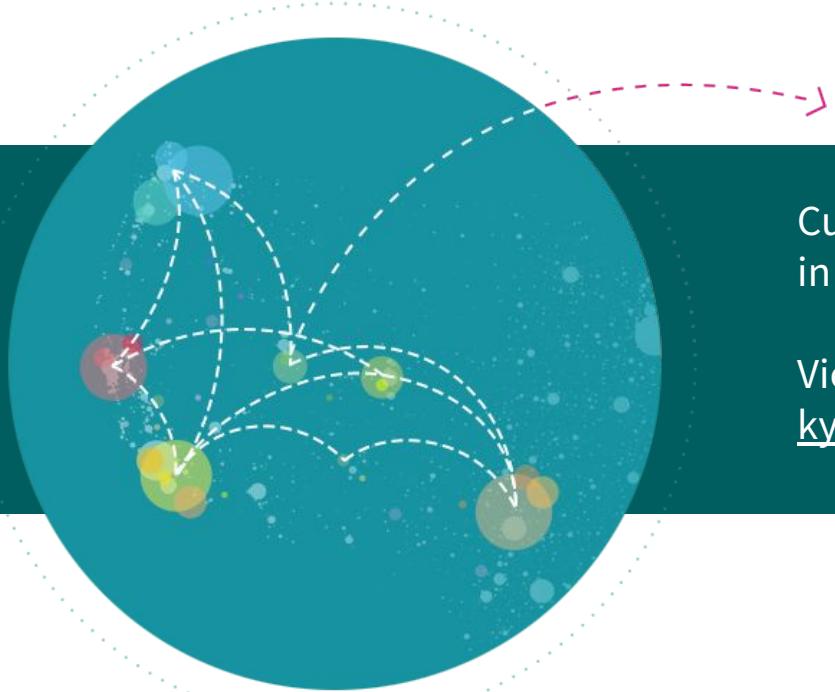
A Path to Success

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Kyo: Who We Are and What We Do

- Team of 800+ professionals in behavioral health
 - Behavior Analysts
 - Program Supervisors
 - Behavior Therapists
 - Admin
- Services we provide
 - ABA Therapy: In-home, center and telehealth
 - Parent Training
 - Behavior Consultation
 - School and Community Shadow Support

Where We Serve



Currently serving major metro areas
in 10+ states across the U.S.

View the full list of locations we serve:
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Agenda

- 1 Are You Ready? Is Your Child Ready?
- 2 Rapid-Toilet Training and Scheduled Toilet Training
- 3 Toilet Training for Older Children
- 4 Bowel Training
- 5 Night-time Training
- 6 Q&A

Are You Ready?
Is Your Child Ready?

Down Syndrome and Toilet Training

- Key Considerations
 - *Hypotonia (muscle tone affects posture and pushing)*
 - *Higher rates of constipation*
 - *Slower processing speed*
 - *Strong social motivation*
 - *Often take longer to toilet train*
 - *May show readiness later*
 - *Can absolutely achieve continence*
 - *Variability is normal*

Materials Needed to Prepare

- Potty seat/ring, toilet inserts or potty chair for posture support
- Foot stool for stable positioning
- Several pairs of underwear
- Several options of preferred drinks and salty snacks
- Toys/activities that can be done while sitting on the potty
- Paper towels, soap, step stool for hand-washing
- Wastebasket with plastic liner for wet underwear
- Special reinforcer that is saved ONLY for successful voids in the potty (this should be something that can be enjoyed in less than 2 minutes)
- Chair/stool where adult can sit
- Clipboard with several copies of potty data sheet(s) and a pen
- Timer, Visual Schedules

Potty Chair or Big Toilet?

Potty Chair



- Pros: Small, moveable
- Cons: Generalization/rigidity

Big Toilet



- Pros: No need for generalization
- Cons: Big, scary

When is Your Child Ready? (Prerequisites)

- Can learn with repetition
- Benefits from routine
- Can sit on the toilet for 15 minutes without complaining
- Can pull pants up and down
- Can get on and off the toilet
- Follows directions most of time
- Awareness of soiled diaper/clothes
- Responds to praise or social reinforcement



Pre-Training Shaping Procedure

- Use if your child resists sitting on the toilet:
 - *Systematically introduce and reinforce these steps:*
 - Walks near the potty
 - Touches the potty
 - Sits on potty with clothes on
 - Sits on potty with underwear on
 - Sits on potty with underwear for 1 minute
 - Pulls down underwear and sits on potty
 - *Extend time comfortable sitting on potty to 10-15 minutes*



Rapid Toilet Training & Scheduled Toilet Training

Rapid Toilet Training vs. Scheduled

- Rapid Toilet Training (RTT)
 - *With this method, the majority of the day is spent in the bathroom (1 day to a week)*
 - *Your child generally sits on the toilet until they void*
 - *The interval of when your child is taken to the potty is systematically increased*
- Scheduled
 - *With this method, data is collected regarding how frequently your child is voiding in a diaper throughout the day*
 - *Your child is then taken to use the toilet at regular intervals throughout the day, sitting for a predetermined duration*

Identify Reinforcers/Rewards

- What is a reinforcer?
- Popular suggestions:
 - *Social praise is often especially powerful*
 - *Pair tangible rewards with high-energy praise, clapping, cheering, smiling*
 - *Special treat (e.g., jellybean, Hershey's kiss, a couple M&Ms)*
 - *Short YouTube video (with preferred characters, favorite song, etc.)*
 - *Favorite iPad app (limited to a few minutes)*
 - *Favorite toys (several minutes access to favorite sensory toy)*



Reinforcement Tips



- It is very important that for the days leading up to and during the toilet training protocol your child not be given access to the designated reinforcer
- The reinforcers should be kept out of your child's reach and but all adults should know where they are.
- It's often helpful to store the reinforcer on a shelf in the bathroom to ensure that the item is quickly accessible

RTT Procedure - Fluid Consumption

- Your child should drink extra fluids (e.g., lemonade and orange juice) prior to and during implementation of rapid toilet-training procedures
- Keep a drink close by at all times and your child should have free access (i.e., does not need to request the drink)
- Increased fluid intake results in frequent urination and more opportunities to practice bladder control
- Your child should also be provided with salty snacks (e.g., pretzels) during these times to increase the desire to drink



RTT Procedure

- Your child may sit on the potty for up to a few hours before voiding during the first day or two
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- Ideally, they should sit on the potty continuously until they void
- Keep this fun by allowing your child to watch favorite DVDs and play with preferred toys (but not the designated reinforcer) while seated on the pott
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- We want this to be a positive experience for your child, so if they need a break, allow them to come off the potty
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RTT Procedure

- Immediately after your child is done voiding in the potty, deliver praise along with the reinforcer
- Don't give a praise statement while your child is voiding because it may startle them and interrupt the "flow"
- Instead, deliver the reinforcement immediately after your child voids (within 1 second)



RTT Procedure - After Voiding

- Once your child has flushed the toilet, allow them to spend the next 5 minutes off the potty, bare-bottomed, in the playroom playing with you
- If possible, your child should continue to drink some fluids during this time
- After 5 minutes, return to the potty to try for another void
 - Note: we sometimes recommend different length breaks from the potty instead of 5 minutes*
 - This is dependent upon a child's responses and affect during the first few hours of RTT*

Breaks

- You will need to watch your child very closely during breaks.
- If they start to do the "pee-pee" dance, ask them, "Do you need to go potty?" and rush them into the bathroom
- If they have already started to pee, say, "Wait, we go pee-pee in the potty," then quickly take them to the bathroom
- If your child is able to stop themselves and complete the void on the toilet, you can deliver praise and the reinforcer!



Ready to Move On

- After your child is successful with self-initiating several times, you can move on to a less-intensive procedure:
 - *Reduce the extra fluids*
 - *Take your child to the potty for 5-7 minutes*
 - *If they don't void, they can get up for another 30 minutes or so*
 - *Continue to increase the interval as long as your child is not having accidents, every day or so.*



Scheduled Training- Fluid Consumption

- Maintain typical daily fluid intake
- Offer fluids consistently across the day rather than in large amounts at once - avoid excessive fluids
- Offer drinks with meals, snacks. Encourage small sips between scheduled potty times
- Limit fluids close to bedtime if night dryness is a goal



Scheduled Toilet Training Procedure

- Track how often your child voids in a diaper over several days
- Identify typical time intervals between voids
- Take your child to the toilet **slightly before** their typical voiding interval. Common times include:
 - Upon waking
 - 15–30 minutes after meals
 - Before naps and bedtime
 - Every 60–90 minutes during the day



Scheduled Toilet Training Procedure

- Have your child sit calmly on the toilet for **3-5 minutes**
- If no void occurs, allow them to get up until the next scheduled time
- Avoid forcing long or stressful sits
- Immediately reinforce successful voids with behavior specific praise and preferred reinforcer



Accidents and Emotional Safety

Information,
Not Misbehavior



Neutral Cleanup



Praise Effort & Recovery



Data Collection

	4/9/25	4/9/25	4/9/25	4/9/25	4/9/25	4/9/25	4/9/25	4/9/25
Accident before trial?	n/a	Yes	No	No	No			
Self-initiated	No	No	No	No	No			
Time child begins to sit on potty	9:00	9:18	9:23	9:38	9:45			
Duration of sitting prior to voiding	15 m	2 s	10 m	2 m	2 m			
Time of void	n/a	9:18	9:33	9:40	9:47			
Target duration of break	5 m	5 m	5 m	5 m	10 m			

Data Collection

Date:						
TOILET TRAINING						
Time of Day						
Walks to Toilet						
Pulls Down Pants						
Wet or Dry Pants?						
Urinates						
Bowel Movement						
Pulls Up Pants						
Washes Hands						
# Mins Seated on Toilet						
Affect While Seated						

Generalizations

- It's always best to toilet train in the bathroom they're going to use during their day
- Encourage day care providers/school to help generalize the toileting skills
- If accidents occur in community settings, consider using a positive reinforcement system (token system)
- Once accidents drop near to zero consistently (e.g., 1 or less accidents per week for 3 consecutive weeks) AND your child is on an appropriate schedule, they can return to their normal routine

Toilet Training for Older Children

How Older-Child Toilet Training is Different

Modify Expectations

- ✓ Less sitting for long durations
- ✓ Less “Bathroom confinement”
- ✓ More emphasis on independence, predictability, and clear expectations



What Stays the Same:

- ✓ Data-based decisions
- ✓ Strong reinforcement
- ✓ Consistency across caregivers/settings

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Toilet Training for Older Children

- Age does not always equal readiness
- Many older child need toileting support due to:
 - *Developmental delays, medical history (constipation, hypotonia)*
 - *Anxiety, avoidance or previous failed attempts*
- The same principles apply, but implementation must be:
 - *Respectful of privacy*
 - *Collaborative*
 - *Functionally relevant*

Readiness in Older Children

- Can follow a short routine with visual or verbal supports
- Can tolerate sitting briefly (2-5 minutes)
- Some awareness of wet vs. dry (even *after* the fact)
- Can participate in dressing with assistance
- We can build readiness skills while toilet training is underway



Motivation for Older Children



Modifying RTT for Older Children

- Use shorter sits (2-5 mins)
- Increase frequency of bathroom visits vs. continuous sitting
- Clearly define start and end times
- Add visuals/timers for predictability
- Use planned movement breaks
- Fade intensity sooner as soon as success begins
- Use age-appropriate reinforcers
- Focus on choice and collaboration



Modifying Scheduled Training



- Use longer but predictable intervals between visits
- Keep sitting times brief and clearly defined
- Build the schedule into daily routine
- Use visual schedules and timers to create predictability
- Reinforce effort and communication, not just success
- Adjust schedule slowly based on comfort
- Maintain consistency across home, school and community

Bowel Training

Bowel Training and Down Syndrome

- Constipation is very common for children with Down Syndrome
- Success often depends on behavioral strategies, diet, medical collaboration and consistency.
- Longer timelines and setbacks are normal



Bowel Training

- Similar to urination training, identify ONE STRONG reinforcer. Find **one special reward** that your child *only* gets for using the potty for a bowel movement.
- Keep a simple log for a few days to spot their patterns. Most kids have a "prime time" for bowel movements (like right after breakfast or before bath time).



Bowel Training

- Once you know their typical schedule, head to the bathroom about 20 minutes before their usual time. This helps catch the urge before it happens!
- The "10-on, 10-off" Routine:**
 - Have your child sit for 10 minutes.
 - If they haven't gone, let them get up and play for 10 minutes, then try again.
- Use gentle, encouraging reminders like:
 - "Remember to put the poo-poo in the potty!"*
 - "You're doing a great job sitting!"*



Bowel Training

- If a bowel movement occurs:
 - *Reinforcer should be delivered accompanied by behavior-specific praise such as, “Wow!! You pooped in the toilet!”*
- If a bowel movement does not occur:
 - *Prompt child to stand and look in the toilet*
 - *Say a phrase such as, “No poo, okay”*
 - *Child should be prompted out of the bathroom*



Diet to Promote Bowel Training Success

- Foods that are rich in fiber help control constipation by retaining fluids in the stools, keeping them soft and easily passable
- Choose high fiber foods such as cereals, broccoli, sweet potatoes, spinach, cabbage, yogurt, apples, pears, prunes and apricots
- Fiber-rich meals will make potty training your child easier for both of you, but it's also a great way to introduce healthy foods into your child's nutrition



Medication Information to Consider

- Consider any medications or supplements your child is already taking that may cause constipation
- *If bowel movements continue to be infrequent or unsuccessful on the toilet, talk to your doctor about laxatives or other over-the-counter options*



Night-time Training

Night-time Training

- Is your child staying dry throughout the day with ease?
- Is your child waking up with a dry diaper the majority of the time?

✓ **Then they're probably ready!**

The physical ability to hold urine for long periods of time and the bladder-to-brain nerve signal strength that alerts a child to wake up to pee are both age dependent:

66% of kids under **three** years old have nighttime control

almost **75%** have it under the age of **four** years

Night-time Training

- Accidents are going to happen and you're going to want to protect the mattress
 - *A few hours before bedtime, start limiting fluid intake*
 - *Usually this means no drink after dinner time*
 - *Absolutely have the child use the potty right before bedtime*



Bringing it all Together

What Success Can Look Like

- Mastery can take time and can look different for everyone
 - *Partial independence*
 - *Daytime continence only*
 - *Prompted toileting*
 - *Fewer accidents over time*
- Regression is ok and does happens
- Consistency > intensity



Summary

- ✓ Toilet training is not easy
- ✓ It takes time, effort, and consistency
- ✓ Remember to be patient!
- ✓ Do not be afraid to get help
- ✓ It doesn't just happen, it's a learning process!



Resources

- www.projectpottytraining.com
- www.autismspeaks.org
- *Phat, A. & Cicero, F. (2002). Reinforcement-based toilet training, ABA convention workshop.*
- *Brazelton, T.B., Christopherson, E.R., Frauman, A.C., Gorski, P.A., Poole, J.M., Stadtler, A.C., Wright, C.L. (1999). Instruction, timeliness, and medical influences affecting toilet training. Pediatrics, 103, 1353-1358.*
- *Coyne, P. Toilet training children with special needs. Coyne & Associates Group, a Psychology Group*

Questions & Answers



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