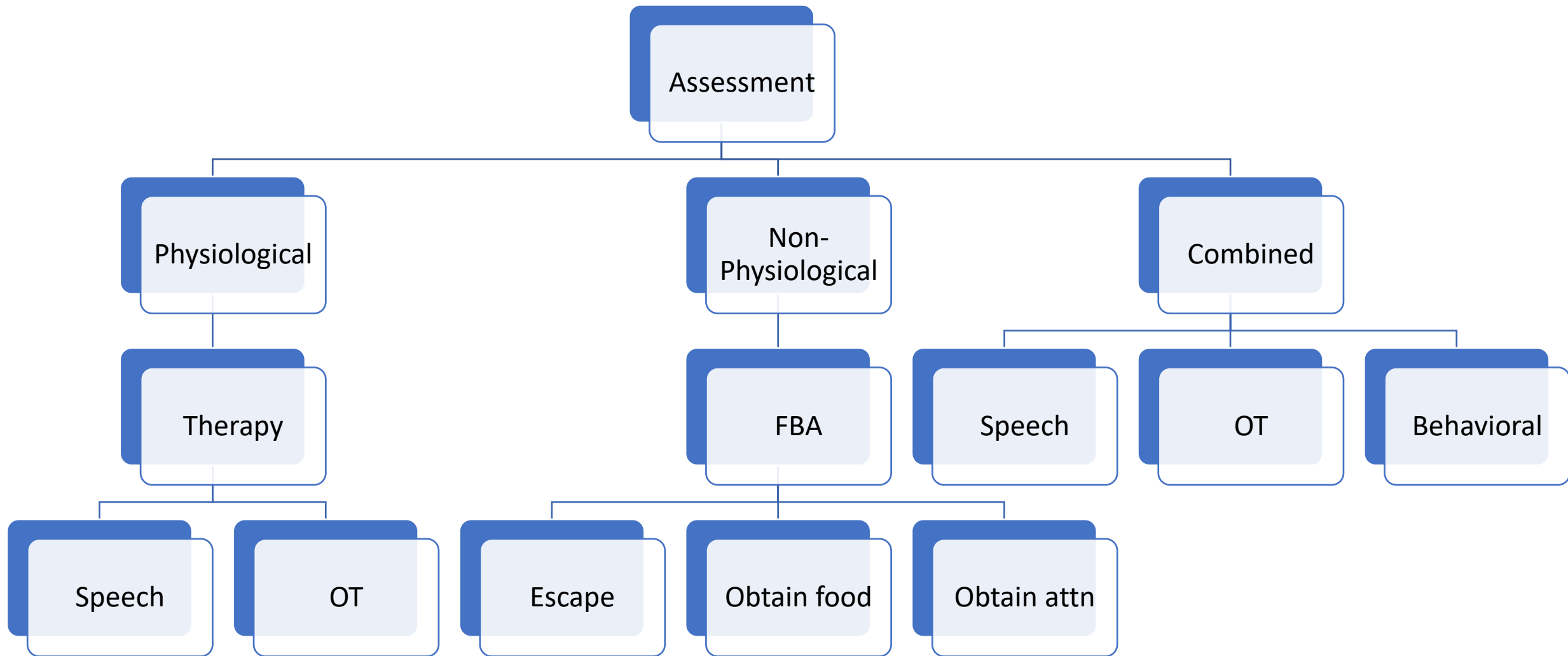





# Strategies for Toilet Training and Feeding

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**ABA Programs**

- Comprehensive programs
- Focused programs
- Toileting and feeding are focused programs
- Toileting and feeding may be part of a comprehensive program



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**ABA Programs**

- Assessment is required
- Parent or caregiver involvement and collaboration is required
- Data on progress is required
- Generalization to stakeholders required
- Collaboration with other stakeholders required



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The thought of toilet training can be daunting for parents and caregivers!



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Positive Outcomes

- Reduce cost of diapers
- Increase child's independence
- Reduces social stigmatism of older child wearing a diaper
- More time for learning
- Makes it easier to travel with child
- Safety for child
- Reduce harmful accumulation of diapers in landfills

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Toileting Data

Children around the world become toilet trained at different ages

↓

Culture plays a role!

↓

For children with disabilities, many factors at play

|                |               |        |
|----------------|---------------|--------|
| Muscle control | Communication | Health |
|----------------|---------------|--------|

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Overview

- Many "how to" materials are out there (see end of slide show)
- Many gadgets, videos, music, children's' books, steps, seats, chairs, games etc.
- Some are "evidence-based" or research based
- Content for today includes only evidence-based strategies and procedures
- Azrin & Fox protocol

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Overview

**Initiation:**

- Teaching students to use toilet is a separate skill from teaching students to initiate
- When we use the term "initiate" this means they either spontaneously get up and go to the toilet to void or they spontaneously communicate to someone that they need to go void on the toilet

**Nighttime Training:** A completely different approach

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Overview

**Continence:**

Today we are going to talk about continence through following a schedule

Teaching a child to follow a schedule and lengthening that schedule while remaining dry is a separate skill

**Bowel Movements :** Training for bowel control is different and a completely separate skill

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Personal and Family Strategies BEFORE You Begin

**Commit!!!!**

- if you lack commitment, you will surely fail!!
- you can create a learning experience that is difficult to change

**Make time**

**Prioritize**

- if you really want it, you will
- A significant amount of time and patience is required

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### Preparation 2-3 days before

|   |                    |  |
|---|--------------------|--|
| <p>Have 2-3 days of data to use as starting point to set up a schedule</p> <ul style="list-style-type: none"> <li>Record how often your child is wet or dry at intervals</li> </ul> | Purchase underwear | Have plenty of changes of clothing for accidents |
| Have cleaning supplies handy  | Cover car seat     | Cover mattress                                   |

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### Preparation 1-2 days in advance

| Purchase                                  | Complete   | Limit   | Make   |
|---|--|---|--|
| Purchase a potty insert if child is small | Complete a Preference Assessment to identify your child's highly preferred tangibles | Limit access to most highly motivating objects, edibles and toys (identified from a preference assessment). | Make sure your child is well hydrated with water |

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### Day 1: Set for Success!

- Have time.
  - Recommend starting on a weekend, if possible a long weekend.
  - Start at home.
- Get rid of all diapers for day, for night, for car, for good!
- Provide a step stool if child is not able to sit on toilet
- Have a timer, data forms and pencil ready

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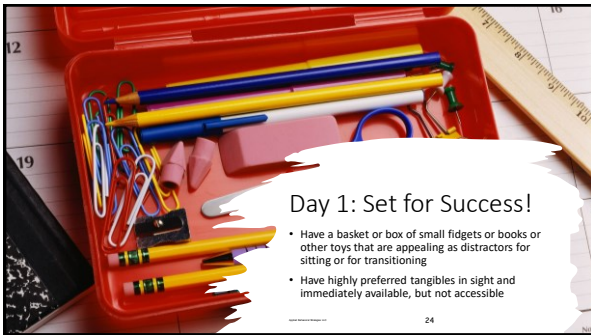
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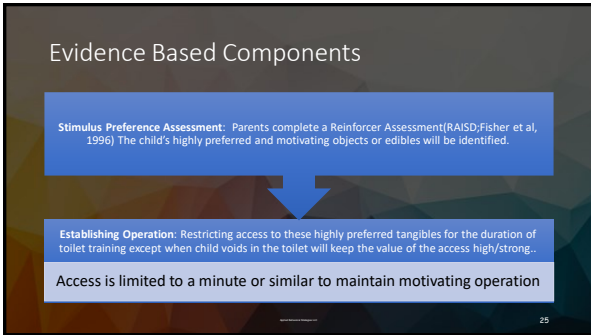
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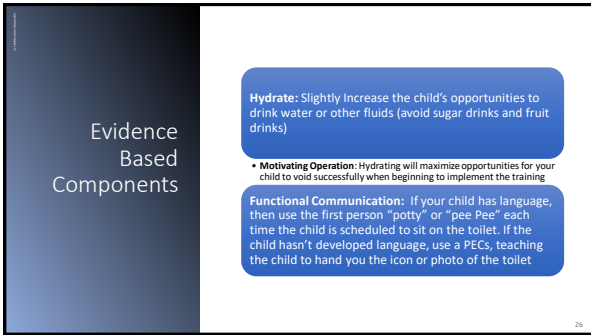
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Evidence Based Components

**Baseline Data:** This is the data that you collected 2-3 days before. This tells you at approximately what interval your child is most likely to void urine and bowel movement.

**Prompting** your child to sit on the toilet on a scheduled interval that is slightly shorter than the baseline data, will increase the likelihood of success and access to highly preferred toys early in the training.

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Evidence Based Components

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Evidence Based Components

**Reinforcement with Successful Void:** If the child voids while on a scheduled sit, provide immediately and BIG rewards, praise, access to most motivating toy.

**Redirection for Accidents:** Neutral comment "Oh you had an accident. Time to change your clothes" Child must put effort into taking off clothes as feasible and cleaning up as feasible. Child needs to experience effort following an accident. Little to no eye contact to the child and little attention should be afforded to the toileting accident.

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Evidence Based Components

**Task Analysis:** A sequence of all the small steps required to toilet.

**Consistency:** All adults caring for and training the child should follow the task analysis so that the child is experiencing what he/she will need to eventually do independently.

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Evidence Based Components

**Data Collection:** Data is collected for each visit to the toilet and each accident that occurs outside the toilet. Data should be reviewed to determine when it is appropriate to begin fading out the prompted trips using a thinning procedure.

**Thinning schedule:** As your child is able to exhibit continence, extend the interval between trips by 5-10 minutes.

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Evidence Based Components

- Generalization:** Once your child demonstrates reliable continence, he/she should be taken to other toilets in the family home or other frequented locations

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Coordinate with all caregivers

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Books

- On Your Potty
- I Want My Potty
- Everyone poops
- Once Upon a Potty
- Super Pooper

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Funding

- Your health insurance should cover this if Dx with autism
  - Depends on your policy
- If another disability, you may still ask for a single case agreement
- However, disability discrimination exists
- Your child is entitled to anything that other children receive
- ABA has been proven effective for all disabilities and ages
- Keep the fight!

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Typically Developing Children and Feeding Disorders

- Ranges anywhere from 5%-20%
- - Nationwide Children's statistics

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Other Disabilities and Feeding

40%-80%

Commonly seen

- Down syndrome
- Cerebral palsy
- Failure to Thrive
- Russell Silver Syndrome
- DiGeorge Syndrome

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LISTEN, THEY'RE ALL THE SAME - IT'S OK IF THEY TOUCH EACH OTHER...

UCLICK. Get a Laugh @ GoComics.com

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### Long Term Issues Associated with Feeding Problems

- Missed meals
- Malnourishment
- Failure to thrive or stunted growth
- Tube dependence
  - We see this less and less because of things like pediasure
- Problematic mealtime behaviors

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Still searching? If your question isn't answered here, call our **PediaSure Feeding Expert** line at 800-986-8793 for Live Nutrition Support with our trained experts, including dietitians and nurses.

**FEEDING SUPPORT!**  
Call us at:  
800-986-8793



<https://pediasure.com/>

**Pediasure**

- Ingredients: Water, Sugar, Corn Maltodextrin, Milk Protein Concentrate, High Oleic Safflower Oil, Canada OIL, Whey Protein Concentrate, Less than 0.5% of the Following: Soy Protein Isolate, Short Chain Fructooligosaccharides, Natural & Artificial Flavors, Cellulose Gel, Magnesium Phosphate, Potassium Chloride, Potassium Citrate, Calcium Phosphate, Calcium Carbonate, Potassium Phosphate, Total Oil Salt, Citrus Acid, Citric Acid, Citric Acid, Ascorbic Acid, Soy Lecithin, Mannitol, Potassium Hydroxide, Inulin, Carrageenan, Taurine, Ferrous Sulfate, Di-alkyl Hydrogen Phosphate, L-Carnitine, Zinc Sulfate, Calcium Hydroxide, Nicotinamide, Manganese Sulfate, Thiamine Chloride Hydrochloride, Pyridoxine Hydrochloride, Riboflavin, Selenium, Copper Sulfate, Vitamin B12, Potassium, Folic Acid, Chromium Chloride, Boron, Potassium Iodide, Sodium Selenate, Sodium Molybdate, Phylloquinone, Vitamin D3, and Cyanocobalamin

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### Ingredients in Our Meals

Clean protein  
(not processed,  
hormone free)

Vegetable  
(not processed,  
fresh or frozen)

Fruit (not processed,  
not sugared,  
fresh, or frozen)

Grain (whole grains, not processed, GF if needed, CF if needed)

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Issues Associated with Feeding Problems

- Added family stress

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Is Feeding Intervention Warranted?

- Child height and weight
- Child skin color
- Food variety
- Meal time behaviors
- Parent Stress

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Is Feeding Intervention Warranted?

- Major cases require attention by experts and intensive intervention
- Major feeding disorder

- Fewer than 30 total foods
- Limited textures
- Under height and/or weight
- Severe mealtime behavior (gagging, emesis, aggression, SIB)



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### Types of Feeding Disorders

- Physiological (Stevenson, 1995)
- Non-Physiological (Satter, 1990)
- Combination (Ramsay, 1995)

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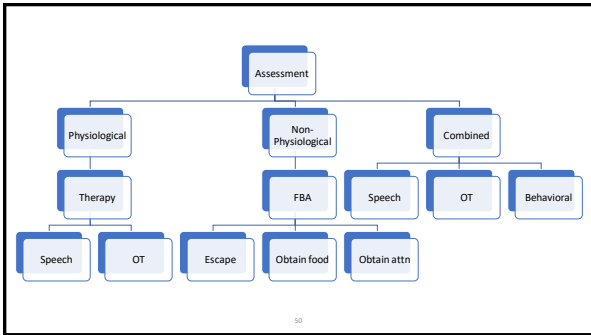
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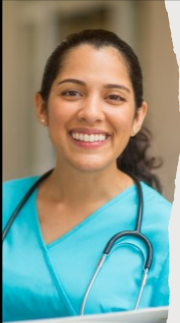
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### Assessment (Underlying Issues)

- GI
- Allergic/Reactive
- Nutritional Deficiency
- Structural/Mechanical

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Typical Behavior Intervention Plan (BIP)

|        |  |
|--------|--|
| Modify | Modify the antecedents   |
| Teach  | Teach a new behavior<br><ul style="list-style-type: none"> <li>• Create direct consequences</li> <li>• Model often/imagine problem behavior</li> <li>• Role play a new skill/professional</li> </ul> |
| Modify | Modify consequences<br><ul style="list-style-type: none"> <li>• Change how you respond to your behavior</li> <li>• Reinforce the new behavior</li> <li>• Redirection/alternative behavior</li> </ul> |

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BIP for Feeding

- Change antecedents
  - Environment needs to be appropriate
  - Child needs to be hungry
  - Child needs to have a regular eating schedule—no questions asked
- Teach a new behavior
- Reinforce
- And now for a scene from my feeding clinic

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Three Approaches

- New Foods Program
- Weekly therapy focused on eating lasting 6-12 months
- Intensive, short-term therapy

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|                   |             |   |
|-------------------|-------------|---|
| New Foods Program | Involvement | Involve the child if possible                 |
|                   | Create      | Create master new foods list                  |
|                   | Choose      | Choose 5-10 healthy foods in each food group  |
|                   | Introduce   | Introduce one food per day 4-6 times per week |
|                   | Follow      | Follow procedures on next slides              |

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**Long-Term Therapy**

- Usually once per week
- Usually focuses on one food at a time
- Can cause undue stress leading up to appointments
- In ABA clinics, the same procedures in following slides will be used
- Beware of non-ABA approaches
- Beware of ABA providers who lack specific training in this area

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**Antecedent Modifications**

1. Prepare for Difficult Times
2. Positive Feeding Environment
3. Clear Meal Time Rules
4. Novel foods are presented in small portions using Discrete Trial Training (DTT)
5. Establishing Operations



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1. Prepare for Difficult Times

- Family Stress**
  - Identify reinforcers for family
  - Prepare families for what is to come
- Child Stress**
  - Depending on age of child, prepare child
- Therapist Training**
  - CPR
  - Challenging Behavior
  - Prepare for stress

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Appropriate Seating  
2. Positive Feeding Environment

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3. Clear Meal-Time Rules

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    graph TD
      A[Sitting for all meals] --> B[Appropriate table manners]
      B --> C[Done is done]
      subgraph B [Appropriate table manners]
        B1[Use utensils]
        B2[Use napkin]
        B3[No eating off table]
        B4[No licking dishes]
      end
  
```

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### 4. Novel Food Presentation

- Discrete Trial Training
  - Antecedent, Behavior, Consequence
  - Take a bite, child eats bite, child receives reinforcement

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### 5. Establishing Operations

- Hunger Inducement
  - Consistent meal time
  - No food 2 hours before or after intervention
  - Limit liquid consumption
- Reinforcer Deprivation
  - Limit access to planned reinforcer for at least 1 week before intensive intervention

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### Target Behaviors

- Accepting novel foods
- Eating with a \_\_\_\_\_
- Drinking from a \_\_\_\_\_
- Sitting during meal time
- Coming to table when called

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Instructional Techniques

- Shaping
- Modeling
- Prompting and prompt fading
- Size fading

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Modify Consequences

Reinforce food acceptance using shaping protocol

Escape Extinction

- DRA
- Sequential reinforcement
- Simultaneous reinforcement
- Negative reinforcement

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Feeding Summary

- Rule out underlying issues
- Assess function of behavior
- Modify antecedents (prepare and plan)
- Reinforce acceptance combined with shaping
- Intensity matters

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**Funding**

- Insurance**
  - Autism coverage in some states
  - If no autism then ask for single case agreement
- IEP/IFSP**
  - Functional skill
  - Affects education
- Grants**
  - State DD centers
  - Non-profits

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**In Summary**

-  **PLAN**
-  **PREPARE**
-  **BE CONSISTENT**
-  **TRACK DATA**
-  **ALL OF THIS PREVENTS.....**

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