



A DIVISION OF
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SERVICES

Eden Outreach

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Toilet Training Your Child At Home

By Anne Holmes

When you think of a child's development, toilet-training is one of the earliest skills that begin a child's passage to independence. Although this self-care skill may not come easily to the child with autism, it is critical that it be established. Independent toileting skills will have a profound positive impact on your child's future.

Is my child ready to be toilet-trained?

So many parents ask this question of professionals. Often, parents will report that their child shows no signs of awareness that he/she is urinating or defecating, and that he/she shows no signs of discomfort when wet or soiled. Showing these or other signs of "readiness" are not pre-requisites for initiating toilet-training. In fact, waiting for signs from your child before starting a toilet training protocol will only serve to needlessly delay the development of this important skill. Many children with an autism spectrum disorder never indicate a "readiness" to be toilet trained; it is therefore critical that the initiation of a toilet training program be contingent upon your child meeting other criteria.

When should I begin toilet training?

It has been our experience that a child with autism should be toilet-trained when he/she is at or beyond the age level when toileting is established in typically developing children (2½ to 3 years of age). In addition to taking note of your child's age, basic learning readiness skills should be established. Toilet training should be initiated when your child demonstrates the ability to follow simple one step directions such as "sit down," "stand up," and "come here." Additionally, your child must also show some signs of responsiveness to your directions. As implementing a toilet training protocol requires a concerted effort on your part, it is critical that those who will be responsible for its implementation be willing to take on this responsibility.

Where do I begin?

Before starting, it is important for you to understand the principles and goal of the toilet training program.

The overall idea is to afford your child such frequent opportunity of sitting on the toilet that you will have more of an opportunity to observe him/her urinating on the toilet. The initial goal is not to teach your child to hold his/her urine, but to have him/her realize that urinating on the toilet has positive effects,

while urinating anywhere other than on the toilet has negative consequences. It is also important for you to know that the first goal of the program is to schedule-train your child; that is, have your child urinate on a specific time schedule. Self-initiated toileting is a separate and distinct goal that should be addressed at a much later date.

How do I implement the program?

Let us begin by explaining the toilet training program under the most ideal conditions. Under these conditions, you would be with your child one-on-one throughout the day. The diaper would be removed, and your child would either remain in training pants, regular underwear or wear no pants at all. The purpose of this is to remove the diaper as a stimulus to urinate. Additionally, by not having training pants on your child, you will be able to deal with the initiation of urination immediately and with success. If it is not feasible to have your child not wear pants, then training pants or underwear may be worn.

All of your child's activities of the day should occur in close proximity to the bathroom or potty seat.

Continued on page 2

INSIDE THIS ISSUE:

Toilet Training 1

Message from CCO 3

Eden Expands its Services 3

Workshops & Trainings 4



Pictured are students with Dr. Shayama Chona founder of TAMANA, a school for children with autism in India.

Thanks a ton for your kind help in sending the Eden Curriculum to a school which could not afford it; and Anne you can't imagine how useful it will be for a developing country like India.

Usha Varma
Educator, TAMANA

Toilet Training *continued from page 1*

This will enable you to maintain the schedule of placing your child on the toilet for two minutes, at five minute intervals. If, during the two minutes, your child urinates in the toilet, he/she should be enthusiastically praised and given a powerful reward. Typically, we suggest that a "special" reward be reserved exclusively for toilet training. For example, a child who is highly motivated by peanut butter will **only** receive peanut butter if he/she urinates in the toilet. After two minutes, your child is brought back to his/her daily activities that have been scheduled close to the bathroom.

If your child has an "accident," the goal is for you to catch it at the earliest possible indication and respond with a firm "no" as your child is quickly placed on the toilet. The objective is to have your child finish urinating in the toilet so that he/she may be reinforced. The firm "no" serves often as a startle which may stop your child from urinating, allowing you to place him/her on the toilet to finish and be rewarded as a success.

A kitchen timer is often helpful to guide you through the time schedule. Once your child has gone three consecutive days with no accidents, the time interval between trips to the toilet is increased to 10 minutes. After five consecutive days with no accidents, the interval would be increased to 15 minutes. Each time the five consecutive days criteria of no accidents is met, the time is subsequently increased to

20 minutes, 30 minutes, 45 minutes, 1 hour, 1½ hours, and then 2 hours.

When a child is successful on a 2-hour schedule, we feel that he/she has mastered the initial stage of being schedule-trained.

I could never do a 5-minute schedule!

In most home environments, it is very difficult to maintain the intensity of the 5-minute toileting schedule. Over the years, we have experienced different ways around this intensive schedule. One method is to monitor your child's urination to see if any natural schedule is evident. Some children tend to urinate frequently throughout the day; others tend to urinate larger quantities but only several times a day. If you can pinpoint when your child typically urinates, then you introduce the intensive scheduling a half-hour prior to that time. For example, after monitoring your child's urination for two weeks, you determine that he/she is typically dry until 10:00 a.m. Therefore, at 9:30 you would begin placing the child on the toilet every 5 or 10 minutes. Again, the goal is to try to catch the urination while your child is sitting on the toilet. If your child is on a very regular urination schedule, you can implement this method prior to the typical time your child urinates. During the off-times, we would suggest that you take your child to the toilet every 15 to 30 minutes. As with the program under ideal conditions, you systematically increase the time intervals according to three to five

days of success. Another method is to begin at a 15-20 minute schedule and follow the program as designed above. Every 15-20 minutes, you would take your child to the toilet for 2 minutes, increasing the time between trips to the toilet as you record no accidents over three to five days. It is important for you to know that, clinically, the longer the interval when beginning toilet training, the higher the potential for accidents (versus successes). It is important, however, that you stick to a time interval that you know you can implement successfully and consistently.

What should I do if we have to leave the house?

Again, it is more efficient to begin the toileting program when trips outside of the house are minimal. We acknowledge, however, that it is almost impossible in family life to not leave the house. Therefore, if you do take your child out and cannot follow the present toileting schedule you are using in the home, then placing your child in a diaper for that period of time would be appropriate.

What should I do if my child holds his/her urine until the evening when I place the diaper on him/her?

If your child holds his/her urine all day and waits for the diaper to be placed, the diaper is your child's cue to go to the bathroom. One method to remedy this problem would be to flood your child with liquids during the day, increasing the likelihood that he/she will not be able to hold the urine all day. Another option would be to delay the time when you

Message from Chief Clinical Officer

Let me begin by wishing all of my friends and colleagues a very happy and successful school year.

Eden's Outreach Department has always been committed to providing the highest quality of services. This past summer my team worked on a service theme which I believe encompasses who we are:

Sharing Eden's expertise with the autism community and throughout the world.

In addition, we decided upon 10 statements to describe us:

- Experienced
- Knowledgeable
- Objective
- Responsive
- Thorough
- Collaborative



- Professional
- Compassionate
- Trustworthy
- Dedicated

I hope you agree and help spread the word of all the good work that we do at Eden.

Eden Outreach Staff

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Eden Expands its Services to Philadelphia

One of Eden Outreach's primary functions is to assist families and school districts outside of Eden's main doors. Through the internet and travel, Eden has trained thousands in our highly acclaimed methods and techniques. Currently, Eden has an established presence in Connecticut and Florida, and now we are proud to add Pennsylvania to our list. The passage of autism related legislation in PA has prompted Eden to take the next logical step. In alignment with Outreach's business

plan, to expand Eden's Outreach services throughout the United States, we have opened an Eden office in Philadelphia. Our Philadelphia location will allow Eden to establish a local presence and the ability to hire Eden approved consultants who can quickly respond to the area's autism needs. Our establishment in Philadelphia will also allow us to make connections with area businesses, Chambers of Commerce, the Bureau of Autism Services, and the PA chapter of the Autism

Society, of which longtime Eden friend, supporter and attorney Ira Fingles is the chair.

Our new PA office is located at:
Eden Autism Services
100 Penn Square East
Suite 480
Philadelphia, PA 19107
Phone: (888) 358-8418.

Toilet Training continued from page 2

typically put on the diaper and put your child in bed.

My child physically resists being put on the toilet; what should I do?

If your child consistently struggles when being put on the toilet, it is suggested that you take a step back and focus on reinforcing him/her just for sitting on the toilet. You may have to decrease the time from 2 minutes to 1 minute—or even 30 seconds—and then allow your child to get up. Tolerance to sitting on the toilet may have to be taught as a prerequisite to actual toilet training.

I have a son; should he be taught to urinate sitting down or standing up?

Typically, we suggest that you have your male child sit for the toileting program. When the child has successfully completed toilet training and is at an age where he is exposed to urinals, he should be taught to urinate in a standing position. However, if your son has a preference to stand or seems to be reinforced by standing to urinate, it is suggested you use this method. We have also found it helpful to place a "target" (i.e., a piece of construction paper) in the toilet and allow your male child to aim for and urinate on the target.

What happens if I follow through on all of these recommendations but my child makes no progress with toilet training?

When you plan to begin toilet training your child, it is suggested that you secure some kind of resource for yourself to troubleshoot and talk through specific details that may relate to your child. There are many professionals and agencies such as ours that would be more than happy to coach you through toilet training. You also might want to contact another parent who has been through the toileting program who could offer assistance and support.



Eden Autism Services

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Sharing Eden's expertise with the autism community and throughout the world.



Upcoming Outreach Trainings & Workshops visit www.edentraining.org for further details or to register.

Webinar Training Series; 6-7 pm **\$25 each 1-hour Webinar**

Autism Spectrum Disorders and Early Intervention

Presented by Diane Van Driesen

- 11/10/09 - Overview of autism characteristics
- 11/17/09 Assessment and Goal Selection
- 11/24/09 Application of ABA Strategies
- 12/1/09 Working with Families

Autism Spectrum Disorders & Learning

Presented by Nina Finkler

- 1/13/10 Brain Processing
- 1/20/10 Executive Functioning
- 1/27/10 Conducting a Learning Assessment
- 2/3/10 Developing Goals & Objectives

Autism Spectrum Disorders: Speech, Language and Communication

Presented by Anne Holmes

- 2/10/10 Overview of Autism Characteristics
- 2/17/10 Asperger's Syndrome and Pragmatic Language Challenges
- 2/24/10 Autism and Apraxia
- 3/3/10 Augmentative and Alternative Communication

Autism Spectrum Disorders and the Role of the School Counselors

Presented by Michelle Brooks

- 3/10/10 Introduction of Autism for School Counselors
- 3/17/10 Teacher and Counselor Collaboration
- 3/24/10 Solution Focused and Cognitive Behavior Therapeutic Approach
- 3/31/10 Preparing for Social Successes Post 21

Assessing and Managing Maladaptive Behavior

Presented by Carol Markowitz

- 4/14/10 Functional Behavior Assessment
- 4/21/10 Designing a Behavior Reduction Plan
- 4/28/10 Positive Behavior Supports
- 5/5/10 Establishing Instructional Control
- 6/12/10 Problem Solving

In-Person Professional Training in **Behavioral Teaching Strategies**

(2 Day ABA Training)

Professional Training Overview of Autism Teaching Techniques; Principles of Reinforcement; Functional Analysis of Behavior; Functional Communication Strategies; Curriculum and I.E.P. Development; Classroom Design and Structure.

Monday & Tuesday, December 2-8, 2009
Thursday & Friday, January 28-29, 2010
Thursday & Friday, April 29-30, 2010

Training is from 9:00 am to 3:00 pm. 5 CEU hours for professional certification are given for each day of training. Cost is \$150 per person.

Location:

Conference Center at the Foundation for Educational Administration
12 Centre Drive
Monroe Township, NJ 08831