

Intensive Toilet Training with Autistic Students

Michelle I. Harrington, Jill E. Hunt, Matthew L. Israel, PhD

Judge Rotenberg Educational Center

The Judge Rotenberg Educational Center (www.judgerc.org) operates day and residential programs for children and adults with behavior problems, including conduct disorders, emotional problems, brain injury or psychosis, autism, and developmental disabilities. The fundamental approach taken at JRC is the use of behavioral psychology and its various technological applications, including behavioral education, programmed instruction, precision teaching, behavior modification, behavior therapy, behavioral counseling, self-management of behavior, and chart-sharing.

In this study, we examine the use of an entire room dedicated to toilet training. Participants using this room have various diagnoses to include Mental Retardation, Impulse Control, Developmental Delay and Autism. This room allows participants to be within 8 feet of a toilet from the hours of 9am to 7pm, while also having access to, and being given 1:1 instruction on, various academic and daily living skills tasks. Participants gradually decrease the amount of time spent on of the toilet, while increasing the time spent off of the toilet throughout the day. This paper addresses the use of an intensive toilet training room with a difficult population.

Method

Participants and Setting

There were two participants in this study. They were chosen because they were not toilet trained.

Participant 1, L.A. was 20 years old, male, and diagnosed with Autism, Profound Mental Retardation and Developmental Delay. Since his time in the toilet training program, 76 days, L.A. had exhibited a high frequency of serious behaviors, which included 2,017 self injurious behaviors, 212 aggressive behaviors, 590 noncompliant and 750 major disruptive behaviors (consists of throwing himself to the floor, stealing food and screaming) which had proven to impede his toilet training progress. In addition, for the first 3 weeks of the program L.A. was resistant to any physical prompting and would often refuse to sit on the toilet, when we did attempt to prompt him he exhibited high frequencies of self injuries behaviors, mostly biting himself. However, it is important to note that since that time although he continued to be resistant to prompting, there was a vast amount of improvement in his willingness to sit on the toilet and his successful voids in the toilet.

Participant 2, B.G. was a 12 years old, male, and diagnosed with Autism, Impulse Control Disorder NOS and Mental Retardation. Since his time in the toilet training program, 76 days, B.G. had exhibited a high frequency of serious behaviors, which included 540 self injurious behaviors, 1686 aggressive behaviors, 1060 noncompliant behaviors, 1336 destructive and 1281 major disruptive behaviors (consists of removing his clothing, yelling and extremely loud noises), which had proven to impede his toilet training progress. The first 3 weeks of the program B.G. was resistant to any physical prompting and would often refuse to sit on the toilet, when we did attempt to prompt him he exhibited high frequencies of aggressive behaviors as well as dropping himself to the floor and screaming. However, it is important to note that since that time, although he continued to be resistant to prompting through tasks; there was a vast amount of improvement in his willingness to sit on the toilet. Prior to his admittance to the toilet training program we were only successful getting him to sit on the toilet for a period of 5-10 seconds; he is now sitting for 5-10 minutes.

Both participants attended school at the Judge Rotenberg Center and lived in one of JRC's group homes. Both participants were non-verbal, with limited means of communication.

The toilet training room is located in one of JRC's school buildings. The room was comprised of 6 large bathroom stalls, a sink, refrigerator, long tables, a computer work station and a reward area with a television and comfortable chairs. Each participant was assigned a stall, and a seat at the long table. Their seat was assigned so that they would be no more than 8 feet from their designated bathroom stall. When not sitting on the toilet, participants worked on daily living skills, such as buttoning, unbuttoning, zipping, unzipping, hand washing, brushing teeth, pointing to body parts, non-verbal imitation and computerized academic tasks.

Measures and Instruction

The participants arrived to the Toilet Training Room at approximately 9 AM each morning and departed at approximately 7 PM each evening, however, data was collected for 24 hours per day. When a participant first started in the Toilet Training Room, he would spend five minutes either at the work table or in the reward area and then spend five minutes on the toilet. While on the toilet, the participant's 1-1 staff would verbally praise them for staying on the toilet, sing songs to/with them, and give them beads to play with or provide small toys for them to play with. If the participants voided on the toilet, the staff that was assigned to them and anyone else in the room would praise them and immediately provide them with a very rewarding item, such as a walk or an edible. In addition, whenever the participants entered the stall, they were verbally and/or physically prompted to sign bathroom or use their communication device.

As the participants went longer periods of time without voiding outside of the toilet, their time off of the toilet increased. Time off was and will continue to be increased in five minute increments, dependent on the absence of toileting accidents. When in the toilet training room the participants did not wear a diaper. The diaper was faded in other environments such as the residence and bed when the participants were able to increase the amount of time spent off the toilet with out any toileting accidents.

Recorded data included number of voids in the toilet and number of voids outside the toilet.

Results

Participant 1, L.A.'s voids outside of the toilet prior to toilet training were accelerating by x 1.24. After beginning participation in the intensive toilet training process voids outside of the toilet decelerated by / 2.00. See Exhibit 1.

Participant 2, B.G.'s voids outside of the toilet prior to toilet training were accelerating by x 1.69. After beginning participation in the intensive toilet training process voids outside of the toilet decelerated by /1.90. See Exhibit 2.

Discussion

Both participants continued to be a part of the toilet training program. The behaviors exhibited in toilet training differ from the behaviors of participants in the past. The current participants' behavioral intensities are significantly greater than previous participants. Previous participants with this kind of behavioral intensity had Level III procedures (Contingent Skin Shock) as part of their behavioral program; this along with positive programming quickly decelerates the dangerous behaviors, allowing us to focus on toileting skills. These current participants only have positive programming as a part of their behavioral program (tangible rewards, food rewards, verbal praise, behavioral contracts etc.). Because of this, their behavioral progress is far slower, but it is hopeful that they will continue to show improvements. As a result, we have also seen a far slower progression in toilet training than we have seen in previous participants. However, although slow, there has been some success thus far.

We will continue to work on this process until participants are able to reach 60 minutes off of the toilet. Once they reach 60 minutes they will slowly transition back to their regular classroom for portion of the day (starting at 2 hours) until they are able to be in their classrooms from 9-7. Both participants will continue to learn to initiate going into the stall and using the toilet or bathroom on their own or to request the bathroom using sign language or their communication device. Once mastery occurs we will evaluate generalization of these skills outside of the

Toilet Training Room to ensure long term success. We continue to work on toilet training these participants during the overnight hours and will continue to work with them in order to ensure that once they have successfully completed this program they will continue to have success.

WEEKLY CHART

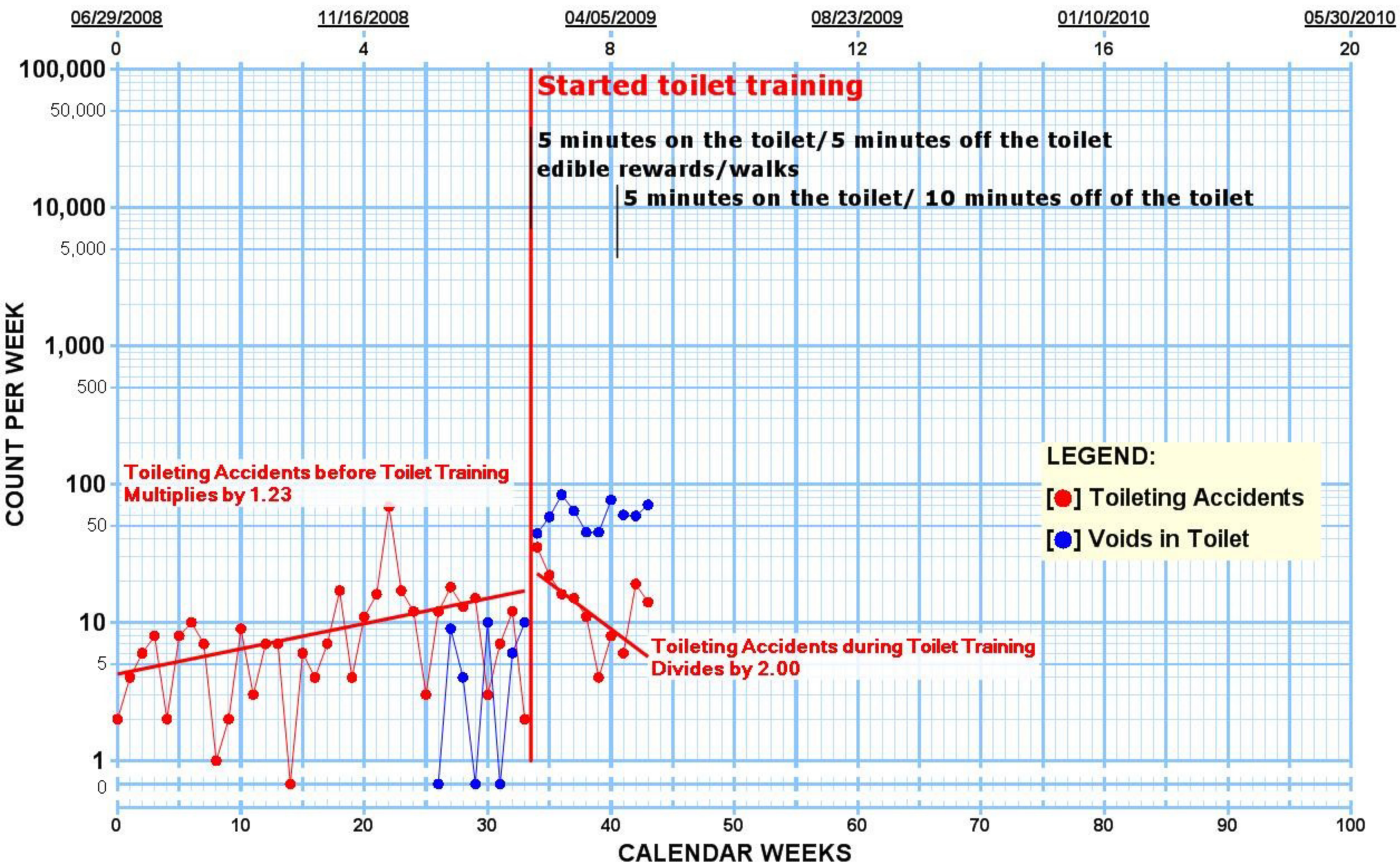


Exhibit 1

WEEKLY CHART

