



**FIRSTPATH**  
AUTISM



Lesson Guide  
44. Toileting

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# Overview

Teaches:	How to urinate and complete bowel movements in the toilet, first in response to a schedule and adult instruction; ultimately, in response to child's own sense and initiation of need.
Before beginning:	<ul style="list-style-type: none"><li>• Child should be at least 2 years, 6 months old (as this is the average potty training age for typically developing children)</li><li>• Child should be able to hold urine for at least 60 to 90 minutes at a time (you can determine this by regularly doing "diaper checks" and collecting data for 1-2 weeks)</li><li>• Cooperation skills mastered</li><li>• Child should have a <u>functional mode of communication in place and be regularly and successfully utilizing it</u> to request for desired items and activities and to use basic commands/coping skills such as "Please stop" or "Can I have a different choice?", in order to be able to exert some appropriate control over his/her environment.</li><li>• It is helpful if related skills such as dressing (i.e., pants and underwear up/down) and washing hands are already mastered</li></ul>
Why it's important:	A child's ability to use the toilet instead of diapers is an important social and practical milestone that allows the child (and his parents/caregivers!) greater freedom within his environments.
Materials needed:	Underwear, toilet paper, small removable toilet seat or potty chair (if needed), soap and water.
Generalization activities:	Social stories, using school/community/unfamiliar restrooms, pretend with doll/stuffed animal.



# Steps

## Prepare

1. Use tracking log/chart for Toileting to record when the child **naturally** urinates and has bowel movements (before any training/teaching starts). This will require frequent diaper/pants checks: the child should be checked every 30-45 minutes to see if urination or bowel movement has occurred, and the result logged on the Toileting chart. This process of checking and recording (to determine baseline) should continue for about 1-2 weeks. This will help you to know **how often** your child currently voids and also **when** bowel movements usually occur, which will help in decision making for future steps.
2. After 1-2 weeks of recording, look over your chart and determine what you can gather from the information. Examples might include: your child can hold his urine for at least 90 minutes at a time; your child typically has a bowel movement between 10 and 11 am each day; your child is usually dry when waking up in the morning; etc. Knowing where you are starting at helps promote healthy and realistic expectations for your child's progress.
3. **(OPTIONAL STEP) NOTE:** Some parents find this very helpful in speeding up learning; others find this not worth the extra effort.) After the natural baseline has been established, attempt to increase the child's fluid intake. Fluids should always be available and should be offered to the child every 5-10 minutes. During this time, continue to do diaper checks and record urination/BMs for a period of about 1 more week. The idea here is to increase the toileting opportunities that both parent and child have to work with, so that learning opportunities are also increased and success may occur more quickly.
4. Remember that urination training usually always precedes BM training. One at a time should be targeted, and urination should usually be mastered before beginning to target BMs. (This is usually, though not always, the case. For some children, the physical sensation prior to a BM is more easily distinguishable than the sensation prior to urination, and therefore they naturally master BM control first.)
5. Identify a very powerful reinforcer that will be used only for toileting. Reserving that special reinforcer for this difficult task will help increase its effectiveness, and hopefully, also the child's success.
6. Also determine when the child will receive the reinforcer and make sure to communicate that to the child. This may look slightly different for each child, due to his/her starting ability and also what parts of the process he or she finds (or does not find) naturally reinforcing. For example, some children enjoy sitting on the toilet and do not require any additional reinforcer to help them do so; for these children, a reinforcer might be earned by "staying dry"



when parent checks their pants/diaper, or it might be earned by “peeing in the potty”. However, for some children, even sitting on the toilet is a very difficult task, so for these children a reinforcer might be earned just for sitting calmly on the toilet for 3 minutes. (KEEP IN MIND: What is required to earn a reinforcer **will change** as the learning process advances, but make sure to determine a starting point.)

7. Establish what undergarments will be worn while training—either underwear or Pull-Ups. In making this choice, remember that Pull-ups will give the child a safety net/“way out” of using the toilet, which oftentimes makes the toileting process longer or more difficult. On the other hand, wearing underwear should help the child to immediately feel the discomfort of being wet or dirty, as well as allow the parent to catch any “accidents” as they begin. The parent can then immediately rush the child to the restroom so that he/she can (hopefully) finish the process on the toilet. Either way, establish ahead of time what the plan is so that both parent and child can be prepared.

## Teach:

1. Use the child’s natural baseline from your chart to set an appropriate schedule for toileting opportunities. The schedule should be set for a time increment that is LESS than the baseline. For example, if the baseline is that the child urinates about every 30 minutes, then the initial “schedule” should be set for about 20 minutes to set the child up for success and to prevent accidents.
2. Use a timer to easily keep track of time and ensure that the child sticks to the schedule. Set the timer as soon as either: 1) the child finishes one opportunity sitting on the toilet OR 2) as soon as he/she urinates or has a BM, whether it be an accident or successful toilet use.
3. Each time the timer beeps, take the child to the bathroom. Have the child sit (or stand, if preferred for boys) for a specified period of time to allow the opportunity to void in the toilet. Sometimes the child will “go” and sometimes they won’t—the idea is to give the opportunity. Usually somewhere between 3-5 minutes is appropriate, but this may vary depending upon the child.
4. When the child is finished with the bathroom opportunity, re-set the timer for the specified time interval, and record data on Toileting chart! Data will reflect either “none”, “urination”, “BM” or “both”; you may determine your own preferences for terminology, just make sure that you write down what happened!



5. Deliver the reinforcer, if applicable.
6. When the child has demonstrated success with the starting schedule, then slowly increase the time interval for the toileting schedule. (For example, once the child has demonstrated success of no more than 0-1 accidents per day while on a 30-minute schedule for a consecutive period of 3-5 days, then increase the toileting schedule to a 45-minute schedule.)
7. The schedule will continue to increase **based upon the child's success**. It is important that this is done gradually and according to data. If the schedule is increased too early or too quickly and the child starts having more frequent accidents, then temporarily return the schedule back to a point of success for a period of a few days before increasing it again in a very small time increment. Minimal accidents are desired, because we want the child **practicing appropriate toileting** (using the toilet) rather than inappropriate toileting (using underwear/pull-up/etc.)

**NOTE:** For families with highly structured routines, it may be helpful to utilize daily events as cues for when to try to use the toilet, rather than a timer. This should only be attempted once the child has increased to a toileting schedule of at least 90 minutes to 2 hours. Some families have the child try to use the toilet at times such as: when he wakes up in the morning, after breakfast or after getting dressed for the day, immediately before or after lunch time, right before going to bed, etc.

The general idea is to fade the toileting schedule based upon the child's success, so that he/she will learn to initiate going on his/her own. Initiation is defined either by the child going on his/her own as needed, or by asking/communicating the need to go.

Some children may exhibit the ability to hold their urine for a significant amount of time, but also rely heavily on their caregiver to tell them when to go to the restroom. If this occurs, what is required to earn the reinforcer can be changed. For example, instead of "peeing in the potty" to earn a reinforcer, the child would now be required to initiate his/her need in order to earn the reinforcer. Whenever the behavior that is required to earn a reinforcer changes, you must communicate this to the child before the new requirement takes effect. It is also important to make sure that the first behavior (urinating in the toilet) is firmly established prior to "changing the rules".

Example: if a child has been receiving an M&M each time he finishes the routine of using the potty and washing his/her hands, let him know that there is a "new rule" for receiving an M&M: each time he/she is the one who initiates using the potty (either by saying, "I need to go!" or by entering the restroom on his/her own), he/she will receive an M&M. If Mommy tells him it's time to go, no M&M, but if he is the one who decides he needs to go, then he receives an M&M.



8. Remember to also help the child develop related skills such as pulling up pants and washing hands when done, etc.
9. Generalization across other restrooms is also important once toileting success is established at home.
10. Consult with medical professional if the child exhibits any symptoms of constipation of this can impede toilet training.

## TYPICAL ORDER OF LEARNING TARGETS:

1. Success in urination (i.e., lack of accidents) 80-90% of the time while on a toileting schedule of 30 minutes.
2. Success in urination (i.e., lack of accidents) 80-90% of the time while on a toileting schedule of 45 minutes.
3. Success in urination (i.e., lack of accidents) 80-90% of the time while on a toileting schedule of 60 minutes.
4. Success in urination (i.e., lack of accidents) 80-90% of the time while on a toileting schedule of 90 minutes.
5. Initiates using the restroom by independently going or by asking to go in 80-90% of total toileting opportunities.  
*(Possible social expansion of this target for more advanced programs: "When initiating using toilet, child can discriminate between whether it is appropriate to ask first or to just independently go, with 80% accuracy").*
6. Is able to complete entire Task Analysis for toileting (including pants down, steps of using the toilet, wiping, pants up, flushing, washing and drying hands) with 80-90% independence.  
**NOTE:** Targets 4 and 5 may be reversed in order; some children develop ability to complete routine prior to developing strong initiation behavior.
7. Generalizes skill across 2-3 different restrooms/environments with 80-90% independence.
8. Demonstrates no more than 3 accidents per week, across 90% of weeks.



(Revisit previous targets with bowel movements, once urination is mastered)