

**CHANGE
LIVES NOT
DIAPERS!**



Done with Diapers
Intensive Toilet Training Workshop

October 22, 2019

Toilet Training Workshop

Session Overview

Introductions

Overview of Applied Behavior Analysis

Assessment

What is Toilet Training?

Research

Done with Diapers

Research to Practice

Case Studies

Questions & Discussions



Your name

Where you're from

What are you most excited
to learn about today

One fun fact about yourself

Introductions

Intervention Fundamentals

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Toilet Training Workshop



Session Objectives

Today's introduction to behavioral models of toilet training aims to provide you with:



A new perspective on how to approach skill acquisition with your children



A better understanding of:

applied behavior analysis

toilet training skill progression

how, where, and when to target toilet training

procedures, implementation, & troubleshooting

What is Applied Behavior Analysis

Assessment

Environmental Modifications

Reinforcement

Prompting

Shaping

Fading

Generalization



Toilet Training

What does it take?



Available in limited areas



CULTURE

Sources of
Information
That Shape Your
Perspective and
Behavior

- How we were raised by our families
- Word of mouth
- Professionals
- The Internet
- Schooling & Trainings
- Applied Research

A Child Oriented Approach to Toilet Training

Brazelton (1962)

“Pediatricians have a unique opportunity to prevent problems for the child in the area of bowel and bladder control. Since the advent of streamlined diaper care has liberated mothers in our culture from the real need to “train” their children early, this step may be viewed more honestly as a major developmental task for the child. Proper timing of this may enable him to achieve mastery himself. The ultimate value of such self-achievement can be easily weighed against the adverse effects of inopportune training by an adult society. The pediatric and psychiatric literature reports complications resulting from adverse toilet training.¹⁻¹² This paper will present the results of a program for training in which utilizing the child’s developmental capacities and interest was the primary goal.”

Toilet Training Readiness: Myth or Not

Sufficient care  over motivation	Stays dry for extended periods of time 
Can dress and  undress self	Wants to be like mom/dad/older sibling 
Is able to follow simple instructions, sit, and walk 	Able to sit  on the toilet
Highly motivated  by reinforcers	Indicates need to urinate or defecate 
Reports soiled diapers and wants a clean diaper 	Regular &  predictable BMs

The Research

Azrin & Foxx (1971)
A rapid method of toilet training the institutionalized retarded

Leaf & McEachin (1999)
A work in progress: Behavior management strategies and a curriculum for intensive behavioral treatment of autism

Cicero & Pfadt (2002)
Investigation of a reinforcement-based toilet training procedure for children with autism

Kroeger & Sorensen (2010)
A parent training model for toilet training children with autism

Mirenda & Rinald (2012)
Effectiveness of a modified rapid toilet training workshop for parents of children with developmental disabilities

*A RAPID METHOD OF TOILET TRAINING
THE INSTITUTIONALIZED RETARDED¹*

N. H. AZRIN AND R. M. FOXX

ANNA STATE HOSPITAL AND SOUTHERN ILLINOIS UNIVERSITY

Incontinence is a major unsolved problem in the institutional care of the profoundly retarded. A reinforcement and social analysis of incontinence was used to develop a procedure that would rapidly toilet train retardates and motivate them to remain continent during the day in their ward setting. Nine profoundly retarded adults were given intensive training (median of four days per patient), the distinctive features of which were artificially increasing the frequency of urinations, positive reinforcement of correct toileting but a delay for "accidents", use of new automatic apparatus for signalling elimination, shaping of independent toileting, cleanliness training, and staff reinforcement procedures. Incontinence was reduced immediately by about 90% and eventually decreased to near-zero. These results indicate the present procedure is an effective, rapid, enduring, and administratively feasible solution to the problem of incontinence of the institutionalized retarded.

A rapid method of toilet training the institutionalized retarded

Azrin and Foxx (1971)

Participants:	Nine profoundly “retarded” adults
Procedural Components:	Intensive training by artificially increasing the frequency of urinations positive reinforcement of correct toileting and a delay for “accidents” use of new automatic apparatus for signaling eliminations shaping of independent toileting cleanliness training staff reinforcement procedures
Outcomes Across all 3 Participants:	reduced urination accidents to zero learned to spontaneously request use of the bathroom within 7-11 days of training gains were maintained over 6-month and 1-year follow-ups

Outline of the Toilet Training Procedure

(Azrin & Foxx 1971)

I. When No Accidents Occur

- 1) Resident seated in chair when not seated on toilet bowl
- 2) Resident drinks fluids every half-hour
- 3) Scheduled toileting of resident every half-hour
- 4) Resident given edible and social reinforcer every 5 min while dry
- 5) Shaping of undressing and dressing during toileting
- 6) Resident given edible and social reinforcer following elimination in toilet bowl and returned to chair.

II. When Accidents Occur

- 1) Trainer disconnects pants alarm
- 2) Trainer obtains resident's attention
- 3) Resident walks to laundry area to obtain fresh clothing
- 4) Resident undresses himself
- 5) Resident walks to nearby shower, receives shower, and dresses himself
- 6) Resident obtains mop or cloth and cleans soiled area on chair or floor
- 7) Resident hand-washes soiled pants, wrings pants out, and hangs pants up to dry
- 8) Trainer removes resident's chair from use
- 9) 1-hour timeout procedures:
 - a) no edibles or social reinforcers every 5 min;
 - b) no fluids every 30 min;
 - c) chair not available;
 - d) continue 30-min scheduled toilet periods.

Post Training Ward Maintenance Procedure

(Azrin & Foxx 1971)

I. General Procedure

- 1) Advance assignment of one attendant for Toilet Responsibility each shift
- 2) Snack period between breakfast and lunch and between lunch and dinner
- 3) Residents pants inspected at mealtime, snack time, and bedtime (6 times daily)
- 4) Attendant initials record sheet when residents checked; record sheet sent directly to supervisor
- 5) Discontinued use of both apparatuses for detecting eliminations.

II. When Accidents Occur

- 1) Cleanliness training whenever an accident was detected:
 - a) Resident walks to laundry area to obtain fresh clothing
 - b) Resident undresses himself
 - c) Resident walks to nearby shower, receives shower and dresses himself
 - d) Resident obtains mop or cloth and cleans soiled area on chair or floor
 - e) Resident handwashes soiled pants, wrings pants out, and hangs pants up to dry
- 2) Delay of meal for 1 hr if accident prior to meal
- 3) Omission of snacks if accident prior to snack
- 4) Attendant initials and records each accident

Generalization Procedures

(Azrin & Foxx 1971)

Minimal Maintenance (Eight Weeks after Training)

- 1) Inspections only at mealtime and bedtime
- 2) Cleanliness training given for accidents

Termination of Maintenance Procedure

(When resident is continent for at least one month.)

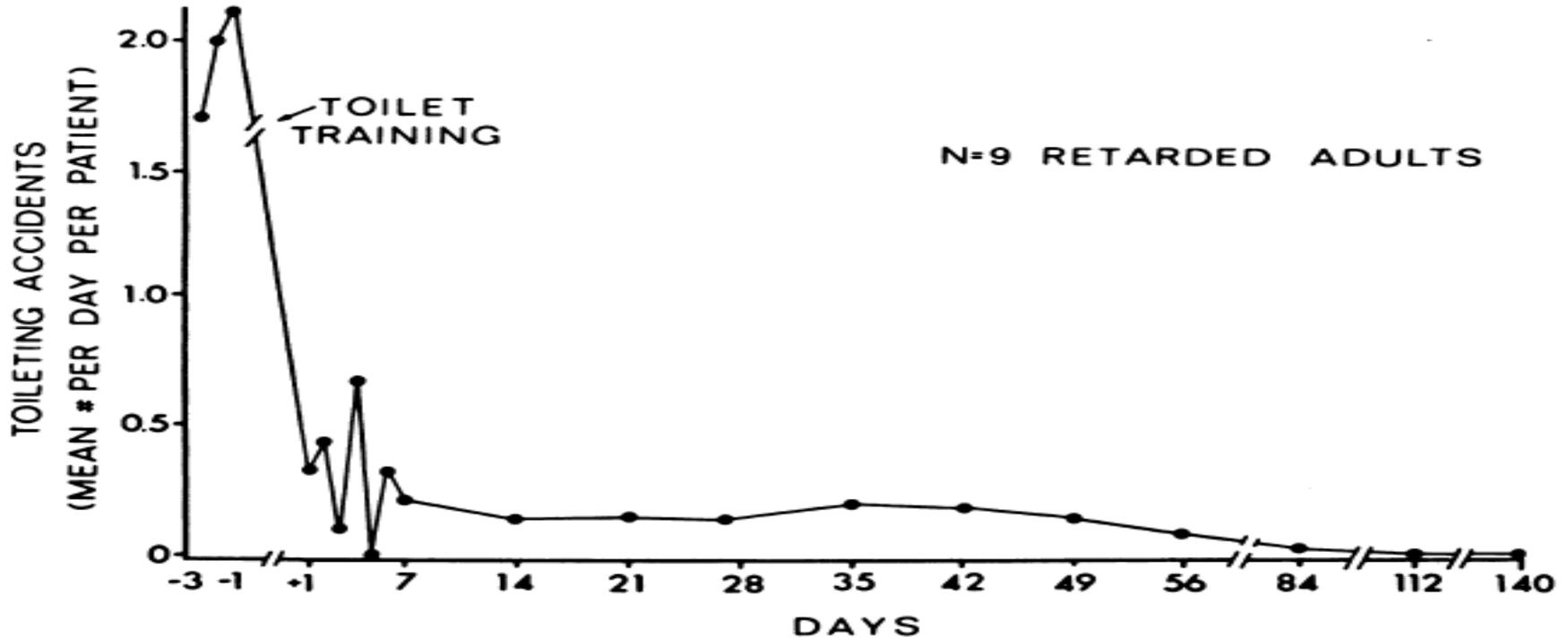
- 1) No regular inspections for that patient
- 2) Cleanliness training given for accidents when detected

A rapid method of toilet training the institutionalized retarded

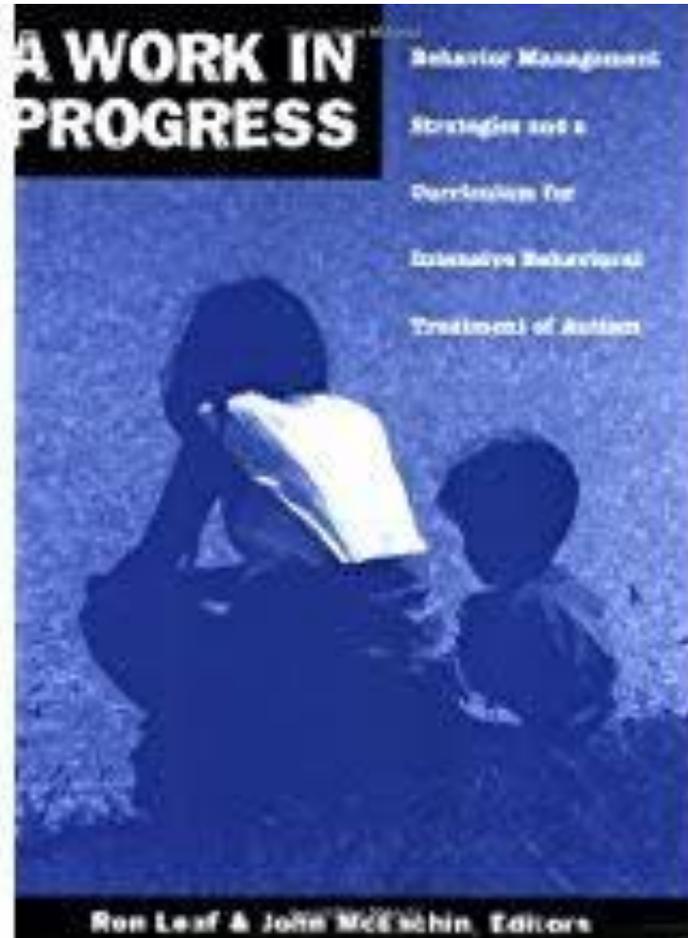
Azrin and Foxx (1971)

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N. H. AZRIN and R. M. FOXX



Leaf
&
McEachin
1999





Pergamon

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Research
in
Developmental
Disabilities

Investigation of a reinforcement-based toilet training procedure for children with autism

Frank R. Cicero^{a,*}, Al Pfadt^b

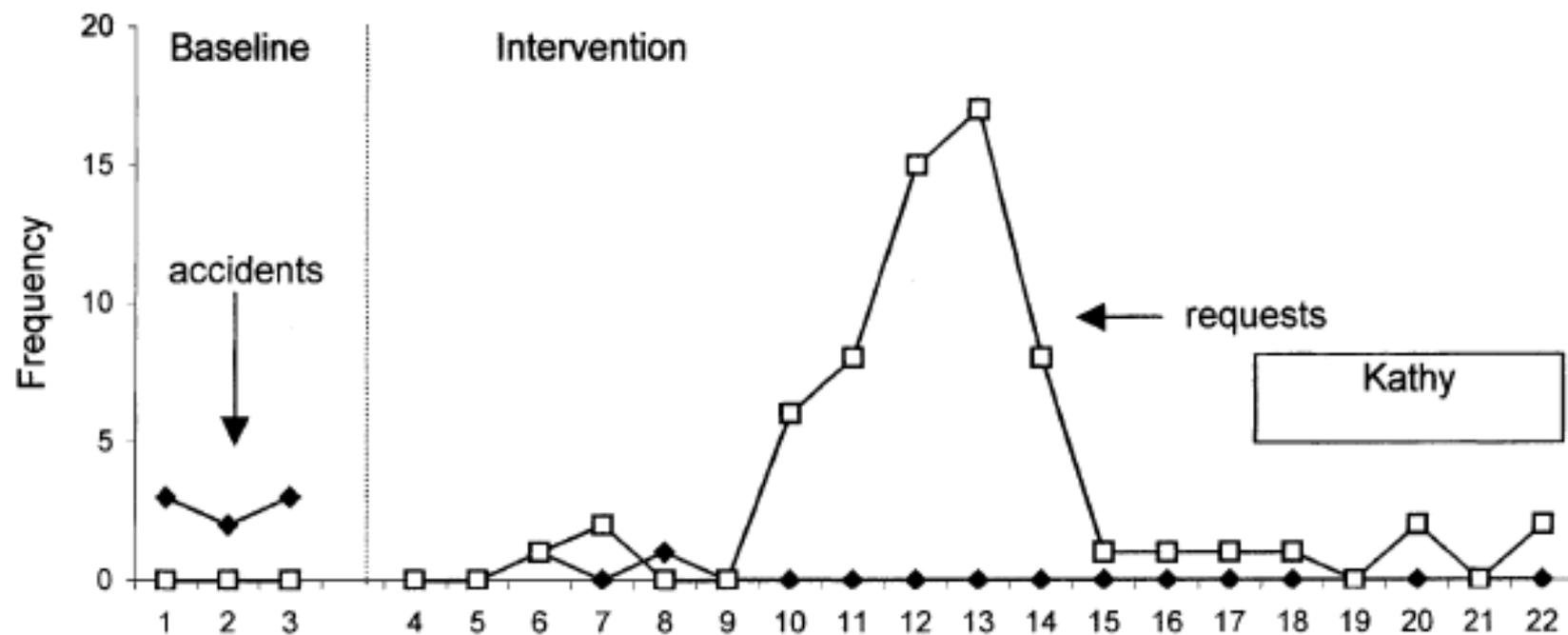
Abstract

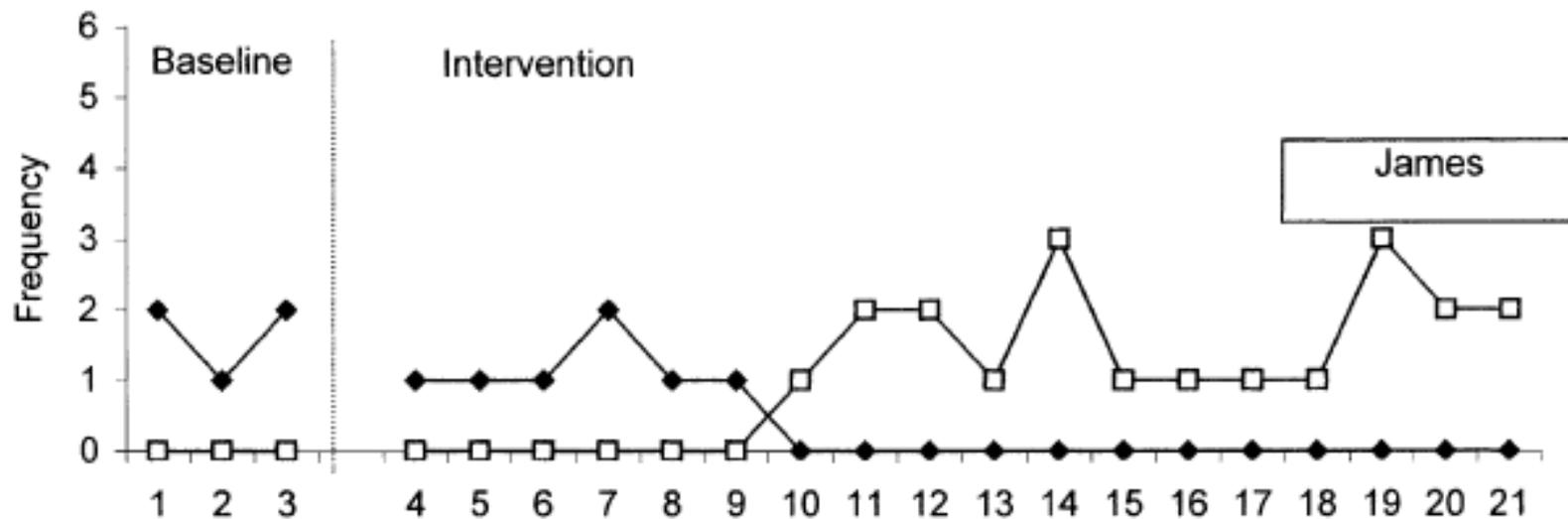
Independent toileting is an important developmental skill which individuals with developmental disabilities often find a challenge to master. Effective toilet training interventions have been designed which rely on a combination of basic operant principles of positive reinforcement and punishment. In the present study, the effectiveness of a reinforcement-based toilet training intervention was investigated with three children with a diagnosis of autism. Procedures included a combination of positive reinforcement, graduated guidance, scheduled practice trials and forward prompting. Results indicated that all procedures were implemented in response to urination accidents. A three participants reduced urination accidents to zero and learned to spontaneously request use of the bathroom within 7–11 days of training. Gains were maintained over 6-month and 1-year follow-ups. Findings suggest that the proposed procedure is an effective and rapid method of toilet training, which can be implemented within a structured school setting with generalization to the home environment.

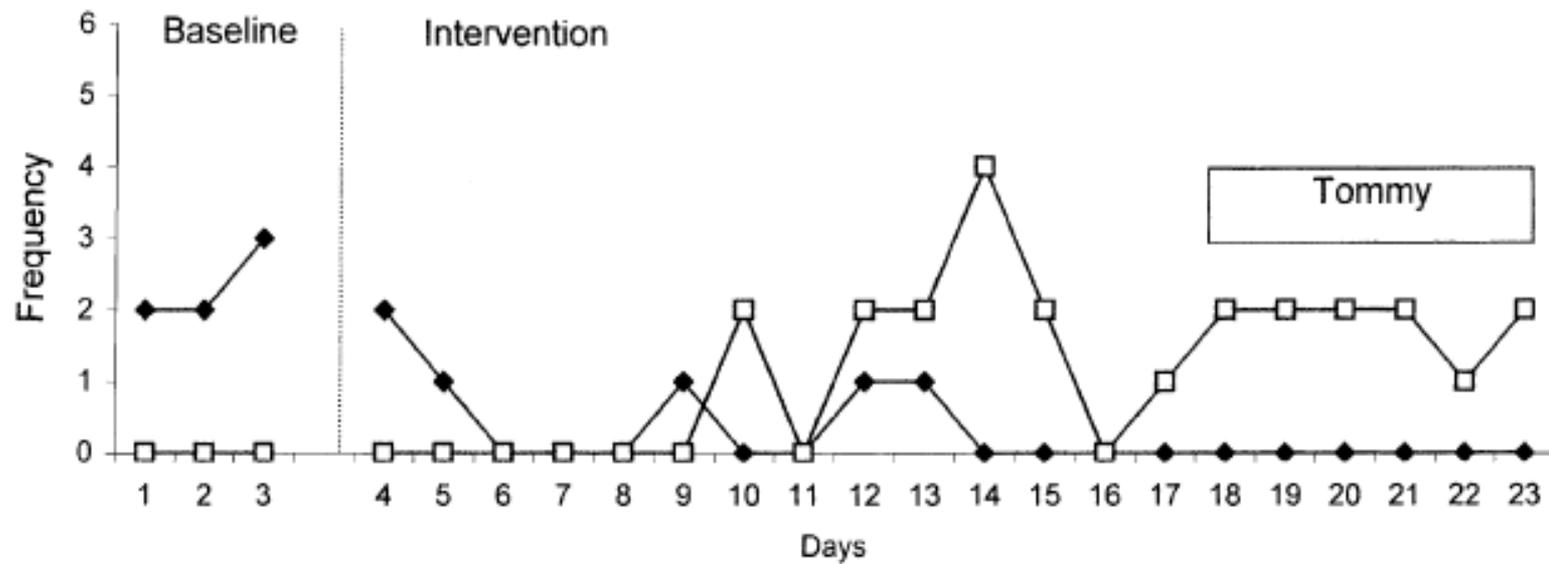
Investigation of a reinforcement-based toilet training procedure for children with autism

Cicero and Pfadt (2002)

Participants:	3 children with a diagnosis of autism in a school setting
Procedural Components:	positive reinforcement graduated guidance scheduled practice trials forward prompting
Outcomes Across all 3 Participants:	reduced urination accidents to zero learned to spontaneously request use of the bathroom within 7-11 days of training gains were maintained over 6-month and 1-year follow-ups







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A parent training model for toilet training children with autism

K. Kroeger & R. Sorensen*Cincinnati Children's Hospital Medical Center, Kelly O'Leary Center for Autism Spectrum Disorders, Cincinnati, OH, USA*

Method

This multiple baseline across subjects design study employs an ABA design where two boys diagnosed with autism were toilet trained using a modified Azrin & Foxx intensive teaching protocol. The first subject, a 4-year-old boy, did not have a history of attempted toilet training. The second subject, a 6-year-old boy, demonstrated a history of failed toilet training attempts in both the home and school settings. The trainings were conducted in the home setting where a novel parent training approach was implemented.

Results

Participant 1 was continent at the end of the second day of training, and completely toilet trained (including initiation and communication) by day 10 of the intervention. Participant 2 was continent after day 1 and completely toilet trained by day 5 of the intervention.

A parent training model for toilet training children with autism

Kroeger and Sorensen (2010)

Participants:	two boys diagnosed with autism 4-year-old with no history of attempted toilet training 6-year-old with a history of failed toilet training attempts, both at home and school
Procedure:	modified Azrin & Foxx intensive teaching protocol conducted in the home Implemented a novel parent-training approach
Outcomes:	Child 1 was continent at the end of the second day of training, and completely toilet trained (including initiation and communication) by day 10 of the intervention. Child 2 was continent after day 1 and completely toilet trained by day 5 of the intervention.

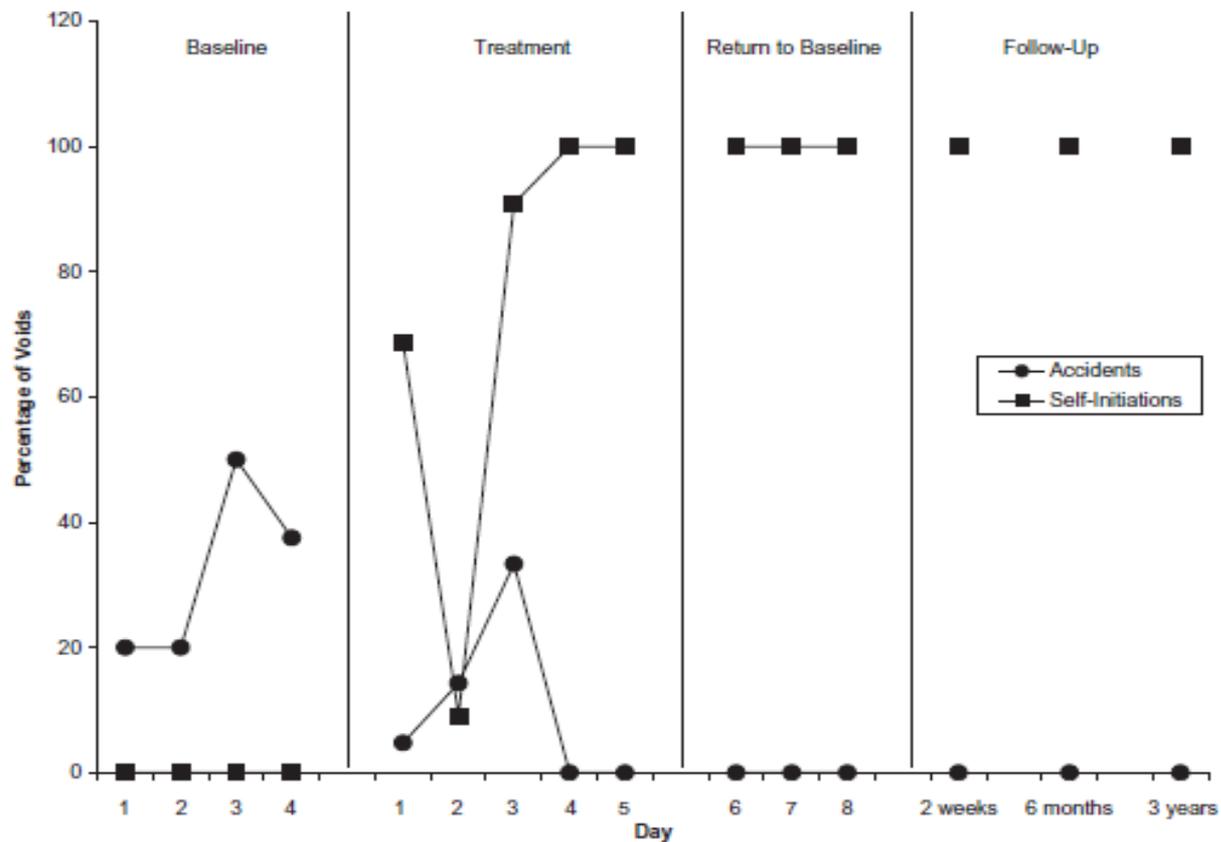


Figure 1 Percentage of daily accidents and self-initiations for voids for Chris.

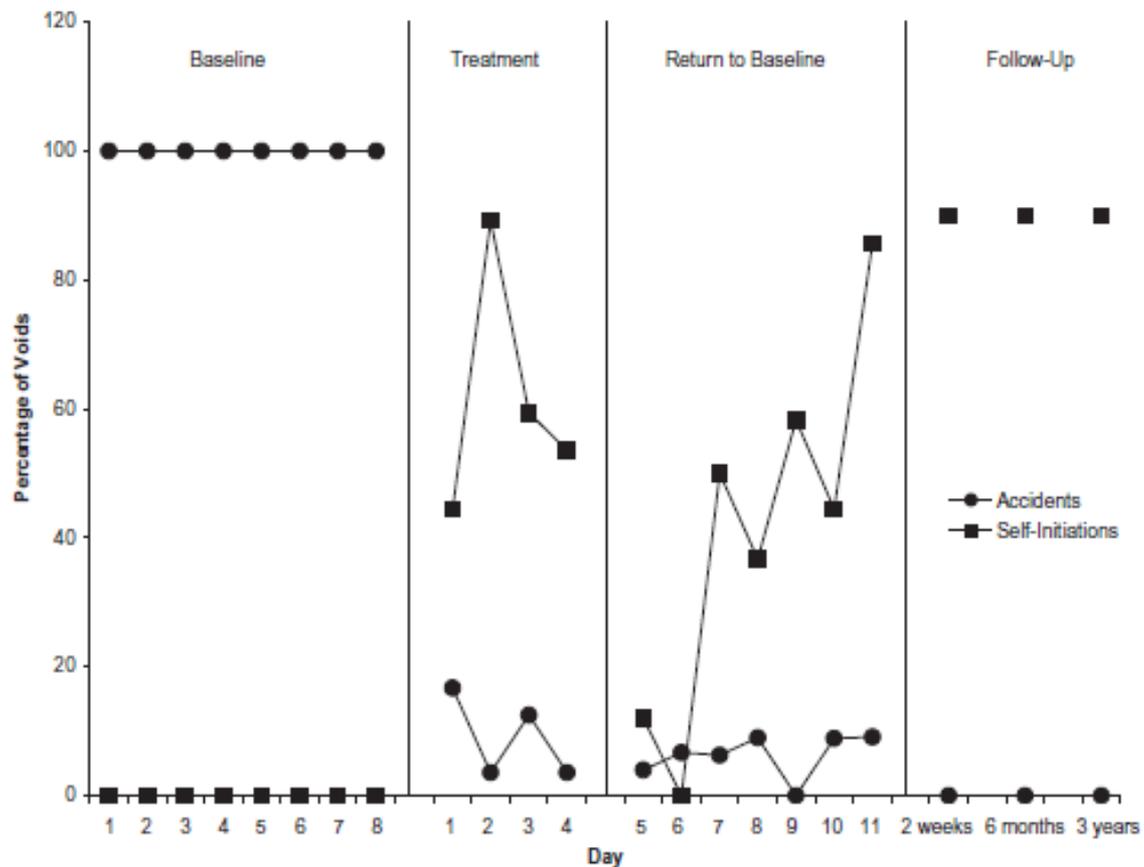


Figure 2 Percentage of daily accidents and self-initiations for voids for Marvin.



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Research in Developmental Disabilities



Effectiveness of a modified rapid toilet training workshop for parents of children with developmental disabilities

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ABSTRACT

Individuals with developmental disabilities often experience challenges in acquiring toileting skills, which highlights a need for effective toilet training strategies that can be readily disseminated to caregivers. The purpose of this multiple baseline study was to evaluate the effectiveness of a modified rapid toilet training workshop provided to the parents of six children with developmental disabilities. In the workshop, parents were taught to implement an instructional protocol that included increased fluid intake, positive reinforcement for correct toileting, scheduled toilet sittings, scheduled chair sittings to teach initiation, neutral redirection for accidents, and procedures to enhance maintenance and generalization. Following the workshop, parents implemented the toilet training protocol at home with their children for 5–8 days, with telephone support from a researcher. Results indicate that the workshop resulted in increased in-toilet urination and defecation and decreased accidents for the five children who completed the study. The results are discussed in relation to previous and future research and implications for practice.

Effectiveness of a modified rapid toilet training workshop for parents of children with developmental disabilities

Mirenda and Rinald (2012)

Participants:	Six families of children with developmental disabilities
Procedural Components:	Rapid toilet training workshop to teach parents how to implement procedure: increased fluid intake & positive reinforcement for correct toileting scheduled toilet sittings & scheduled chair sittings to teach initiation neutral redirection for accidents procedures to enhance maintenance and generalization 5-8 days of telephone support from a researcher
Outcomes (5 families who completed the procedure):	Children all demonstrated: increased in-toilet urination and defecation decreased accidents

Table 1
Parent and child participants.

Parent	Parent age/ ethnicity	Family status	Occupation/ education	Child	Child age (years; months)	Diagnosis/ communication skills	Previous training attempts?	Pre-reqs ^a
Janice	38; Chinese	Married, 2 children	Tutor; 2 B.A. degrees	Rebecca	3;3	Autism; no speech, gestures	No	2, 3
Ava	36; El Salvadorean	Single, 1 child	Unemployed; high school	Lucy	3;11	Autism; no speech, gestures and PECS	No	4
Chana	38; Algerian	Married, 2 children	Nurse; college	Amir	3;5	Intellectual disability; 5 spoken words, gestures	Some; little success	1, 2
Leanne	45; Canadian	Single, 1 child	Investor; college	Andy	3;7	Autism; no speech, gestures	No	2, 3
Mark	40; Canadian	Married, 2 children	Investigator; B.A.	Jack	3;9	Down syndrome; few words, 200 signs	Some, moderate success	3, 5
Sandra	36; Chinese-Canadian	Married, 2 children	Homemaker; college	Jamie	5;11	Autism; no speech, gestures	1 yr, intermittent success	2, 7

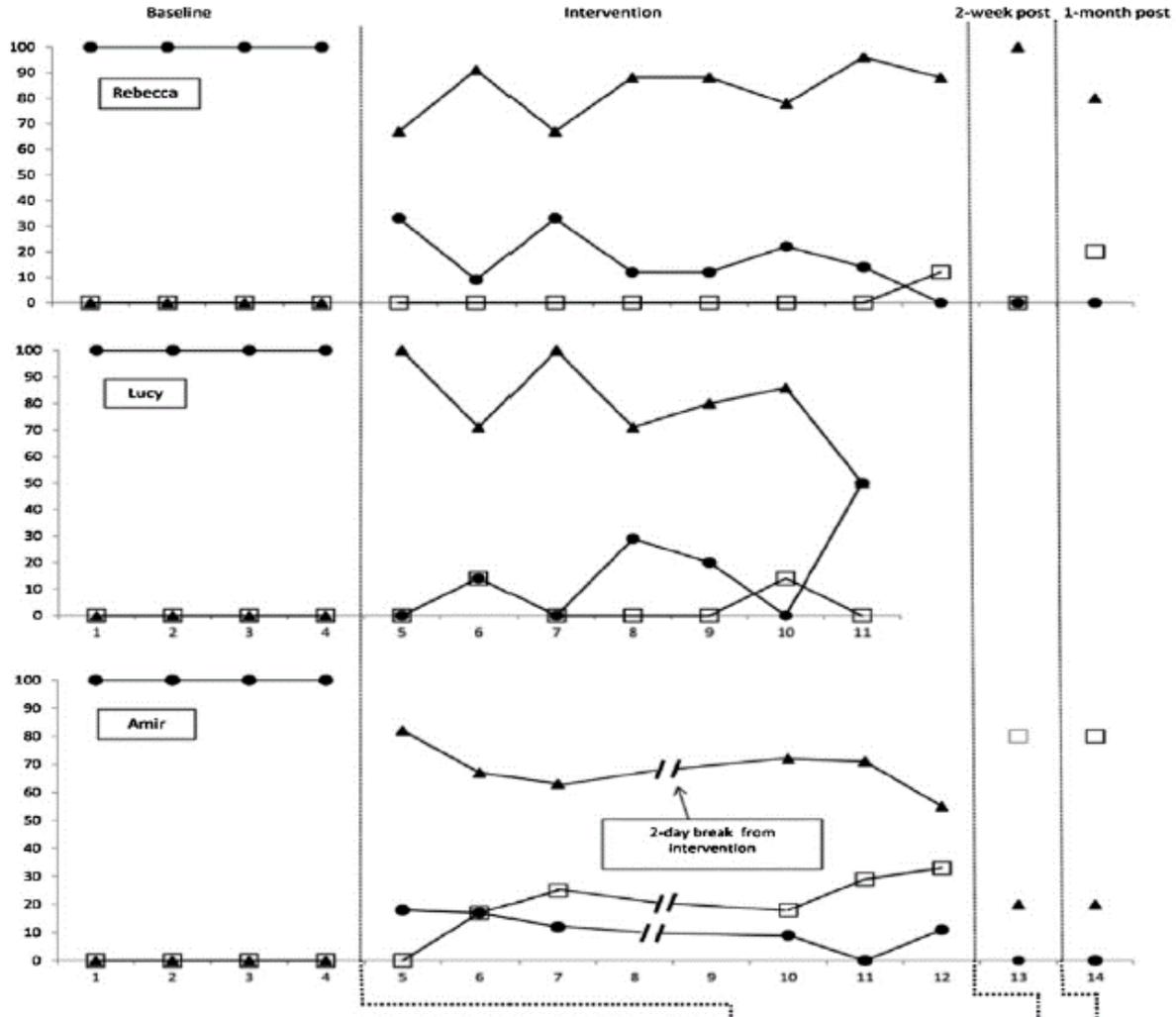
^a Brazelton et al.'s (1999) prerequisites, as reported by parents, are coded by number as follows: (1) stays dry for at least 2 h at a time, (2) has a regular bowel movement schedule, (3) follows simple instructions, (4) demonstrates discomfort with dirty diapers, (5) asks to use the toilet, (6) requests to wear underwear, and (7) pulls pants up and down independently.

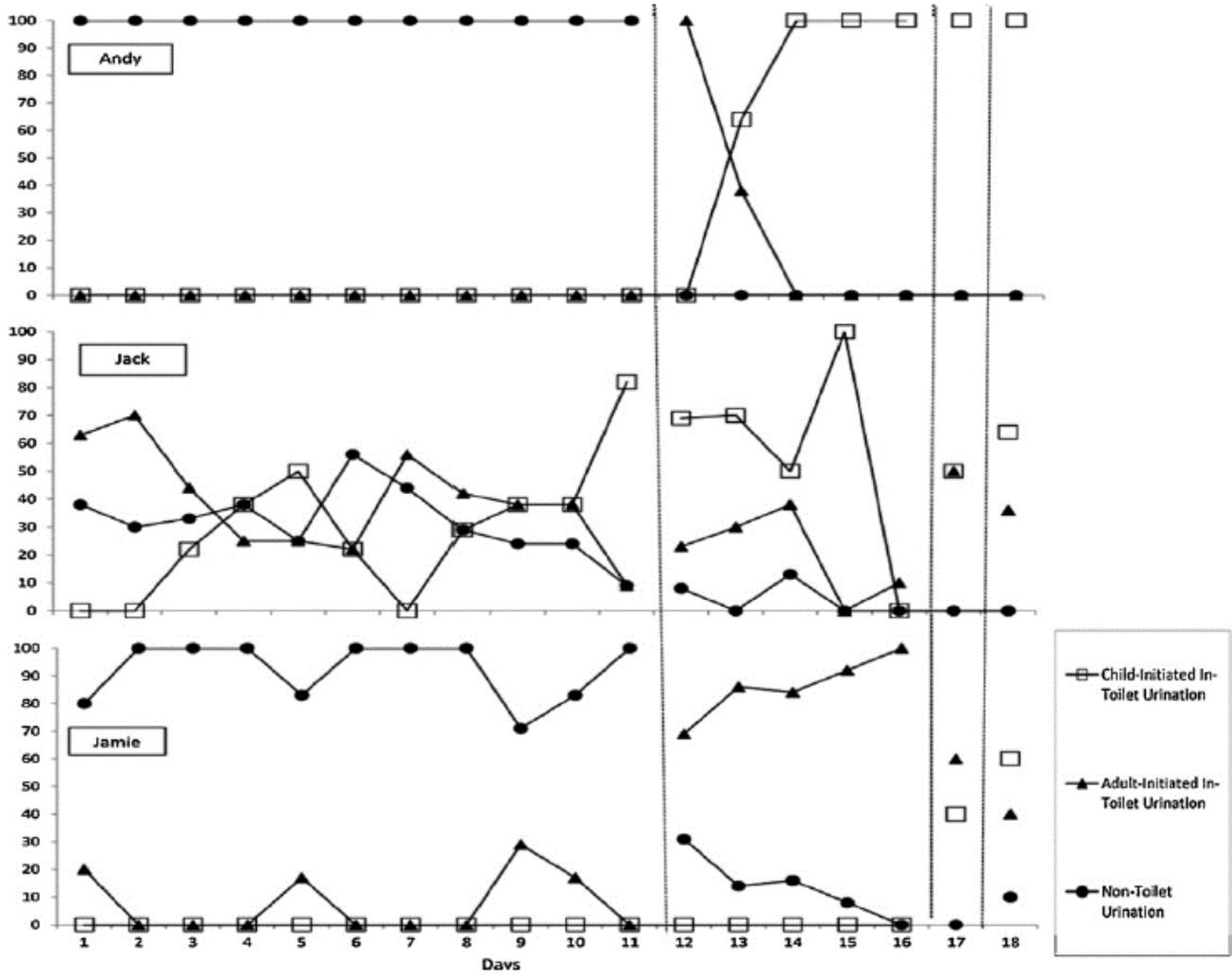
Table 2
Range of daily urination episodes.

Parent (child)	Baseline (all out-of-toilet)	Intervention (both in- and out-of-toilet)	Follow-up (all in-toilet)
Janice (Rebecca)	3–6	6–14	4–5
Ava (Lucy)	4–5	7–10	n/a
Chana (Amir)	3–5	10–18	4–6
Leanne (Andy)	3–7	13–19	4–5
Mark (Jack)	6–10	11–18	7–8
Sandra (Jamie)	4–6	6–12	5–6

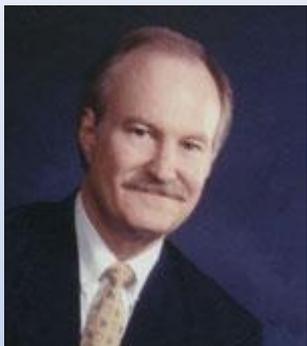
Table 3
Percentage of non-toilet, adult-initiated, and child-initiated defecations across phases.

Child	Non-toilet			Adult-initiated			Child-initiated		
	Baseline	Intervention	Follow-up	Baseline	Intervention	Follow-up	Baseline	Intervention	Follow-up
Rebecca	100	37.5	0	0	62.5	100	0	0	0
Lucy	100	0	n/a	0	100	n/a	0	0	n/a
Amir	100	0	0	0	83.3	16.7	0	50	50
Andy	100	40	0	0	23.5	0	0	36.5	100
Jack	81.8	0	0	18.2	70	75	0	30	25
Jamie	100	33.3	0	0	66.7	0	0	0	100





RESEARCH TO PRACTICE



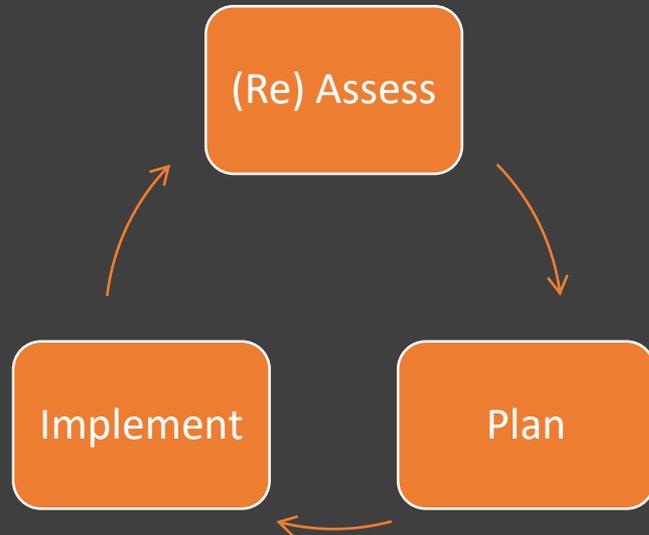
TRAILBLAZERS

Obstacles to Treatment

- Medical Conditions might
 - Negate behavioral treatment
 - Simply present increased challenges
- Communication Deficits
- Aggressive &/or Self-Injurious Behaviors
- Limited Mobility
- Lack of Stakeholder Consensus
- Limited Resources



Reaching Your Destination



Pre-Requisites To Toilet Training

1

Ability to sit on the toilet

Pre-Requisites To Toilet Training

2

Highly motivating reinforcers

Pre-Requisites To Toilet Training



Caregiver Motivation

Pre-Requisites
To Toilet
Training

4

Appropriate Planning &
Preparation
(Teamwork)

Pre-Requisites To Toilet Training



Patience & Persistence

Intensive Toilet Training

The Process

Preparation

Intervention Phase I

Establishing the Contingencies

Bladder Training

Intervention Phase II

Self-Initiation

Communication

Generalization & Follow Through

| Preparation

Assessment

Treatment Development

Caregiver Preparation

Assessment

Intake Questionnaire

Medical / Physiological

In-home Assessment

Baseline Data

Treatment Prep

Data
Collection

Reinforcer Assessment

Baseline Data

Physical

Arranging the space

Purchasing supplies

Preparing & organizing supplies

Emotional

Scheduling

Oblige & Empower

BRACE YOURSELVES

**IT'S POTTY TRAINING
TIME!**



Intervention
Phase I
Procedure

Creating
Learning
Opportunities

Increase fluid intake

Reinforce sitting on toilet

Prevent escape

Reinforce pee in toilet

Assess & practice communication
(chair procedure)

Intervention
Phase I
Procedure

Toilet Sittings

Reinforce sitting behavior

Sit until success (pee in toilet)

1-minute break to “stretch”
~ every 15-20 minutes

Prompt communication every
time

Intervention
Phase I
Procedure

Pee in Toilet

Immediate access to
reinforcement

Break from bathroom

Pair with social reinforcement

Intervention Phase I Procedure

Breaks

Begin at 15 minutes

Progressively increase to 25 minutes

Increase by 5 minutes after 3
consecutive successes w/no accidents

End immediately when there is an
accident

Intervention
Phase I



Accident
Procedure

Teachable Moments

Contingencies being learned

Often as important to fluent
learning as successes

Intervention Phase I

Accident Procedure

Immediately startle & interrupt activity

Model communicative behavior

Guide to toilet/chair

Intervention Phase II

Communication Training

AKA: The Chair Procedure

When to begin?

...It's all about the behavior.

Intervention Phase II

No longer having accidents during
Phase I breaks

Not already self-initiating during breaks

Nice to see during Phase I, but not
necessary:

Peeing quickly
during toilet
sittings

Demonstrating
some form of
verbal
self-initiation

Intervention
Phase II

Prompting &
Shaping
Communication

Begins with



Progressively:
Increase distance & distractions



Intervention
Phase II

Prompting &
Shaping
Communication

Begins with a simple
communicative behavior

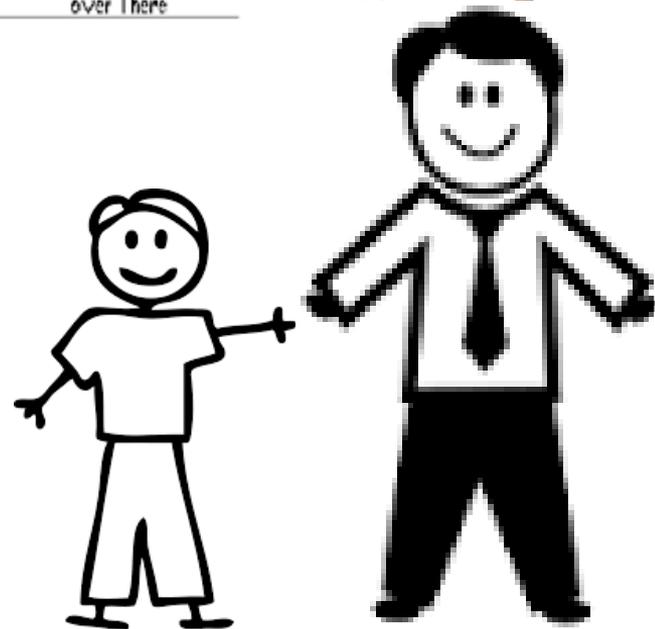
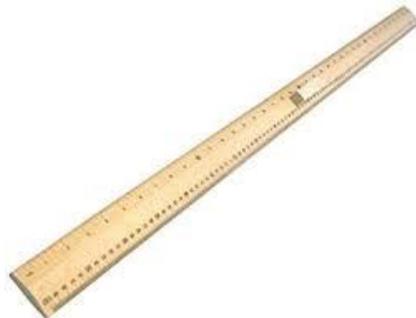


Progresses to a complex and
resilient communicative behavior



Intervention Phase II

Prompting & Shaping Communication



When to Modify Treatment

Analyze the data

Assess procedural fidelity

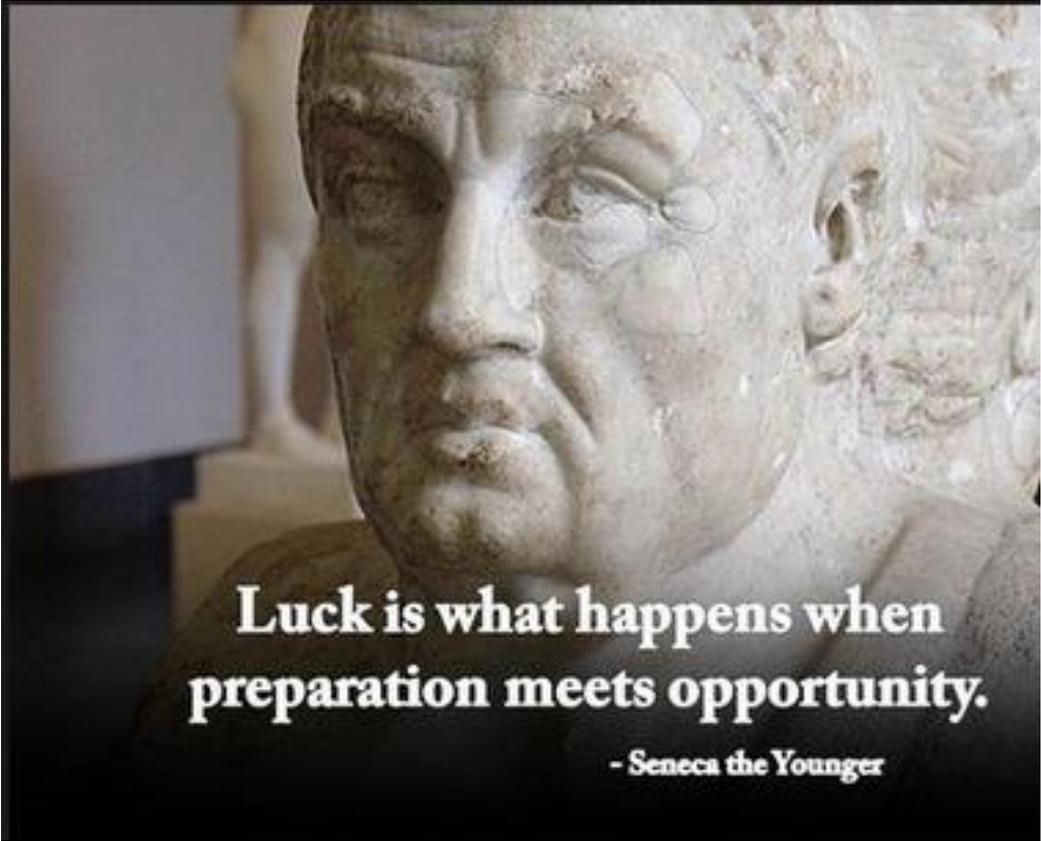
Accidents are often as important
to fluent learning as successes

Always reassess reinforcement
when you hit a roadblock



Pee vs Poop

Bowel Movements



**Luck is what happens when
preparation meets opportunity.**

- Seneca the Younger

Bowel Movements

- Same procedure
- Assessment & Preparation Vital
- Medical component (Constipation)
- Fewer teachable moments
- Create opportunities for reinforcement
- Take data
- Establish contingencies

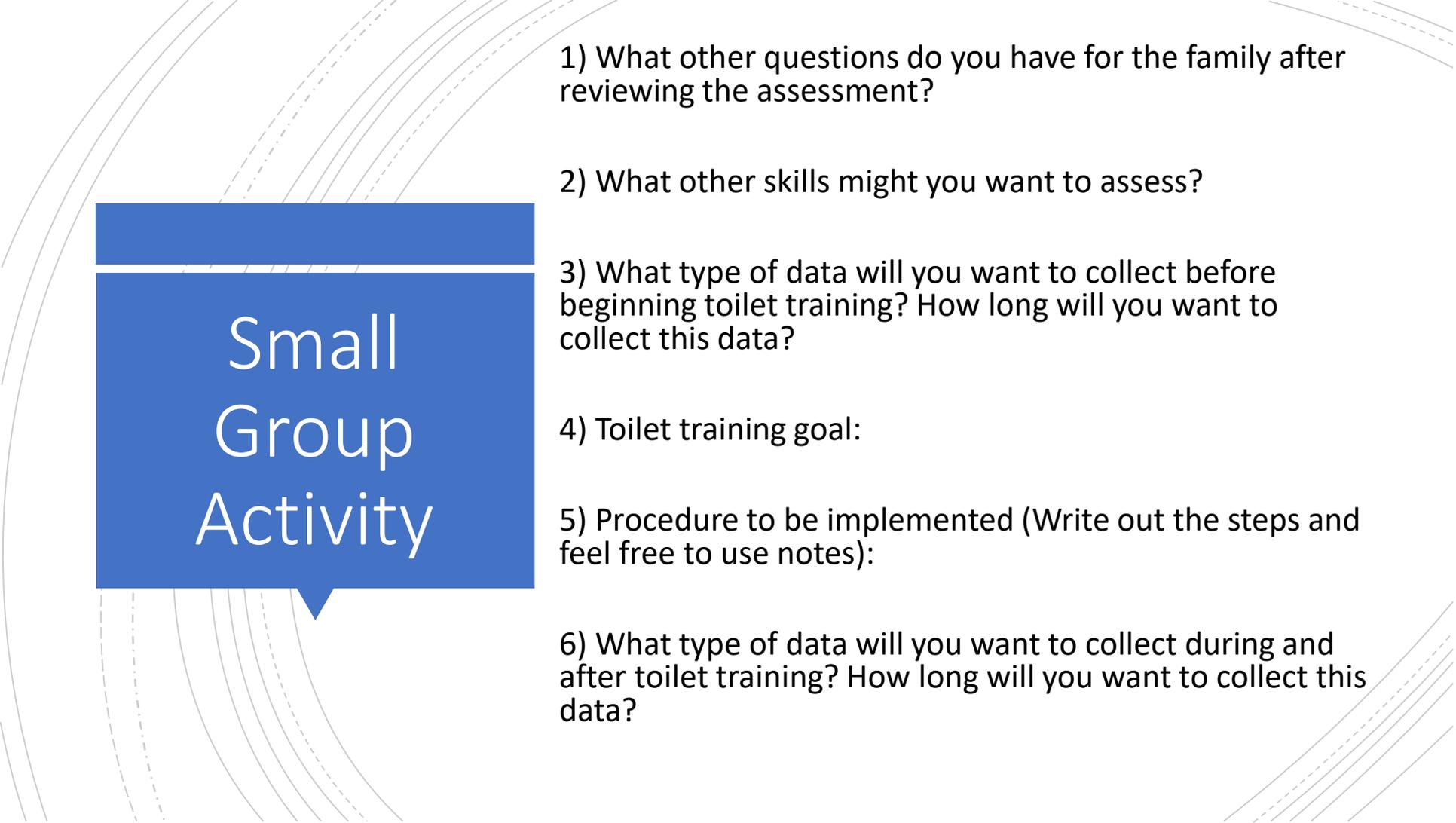


Constipation

Assessment

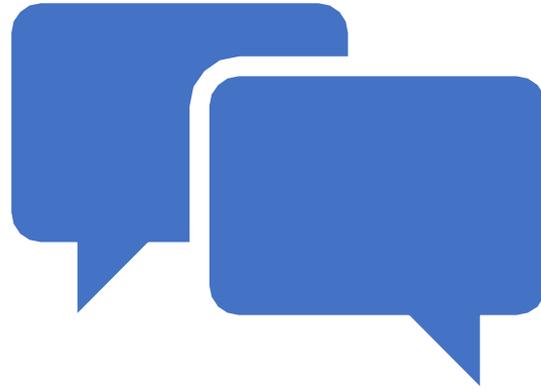
Collaboration with
pediatric GI or pediatrician

Laxatives
Stimulant & Osmotic



Small Group Activity

- 1) What other questions do you have for the family after reviewing the assessment?
- 2) What other skills might you want to assess?
- 3) What type of data will you want to collect before beginning toilet training? How long will you want to collect this data?
- 4) Toilet training goal:
- 5) Procedure to be implemented (Write out the steps and feel free to use notes):
- 6) What type of data will you want to collect during and after toilet training? How long will you want to collect this data?



QUESTIONS & DISCUSSION

ACT TOILET TRAINING VIDEOS

Practical Considerations



CASE STUDIES



TROUBLESHOOTING

THANK YOU!

Intervention Fundamentals

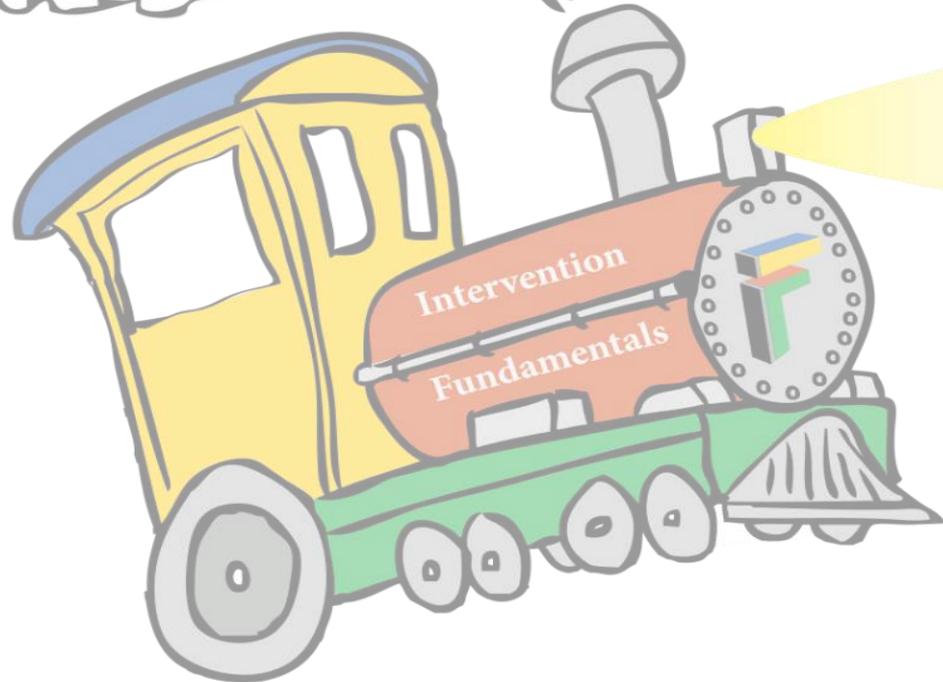
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Case Study 1

- Name: GRAH
 - Age: 13
 - Diagnosis: ASD
 - Communication: Vocal
-
- GRAH is a bright and charming 13-year-old boy with an ASD diagnosis. He is very active. During our initial visit to his father's house GRAH was constantly moving around the house and in the yard. He paused to engage briefly in preferred activities, but otherwise remained in pretty constant motion. He enjoys spinning activities (e.g., Frisbee, hula hoops, etc.). His parents also report that GRAH enjoys swimming and biking. He used to enjoy swinging, but currently does not demonstrate much interest in his swings. During our observation the most preferred activities were eating, walking, and playing with his Frisbee.

GRAH—Skill Development

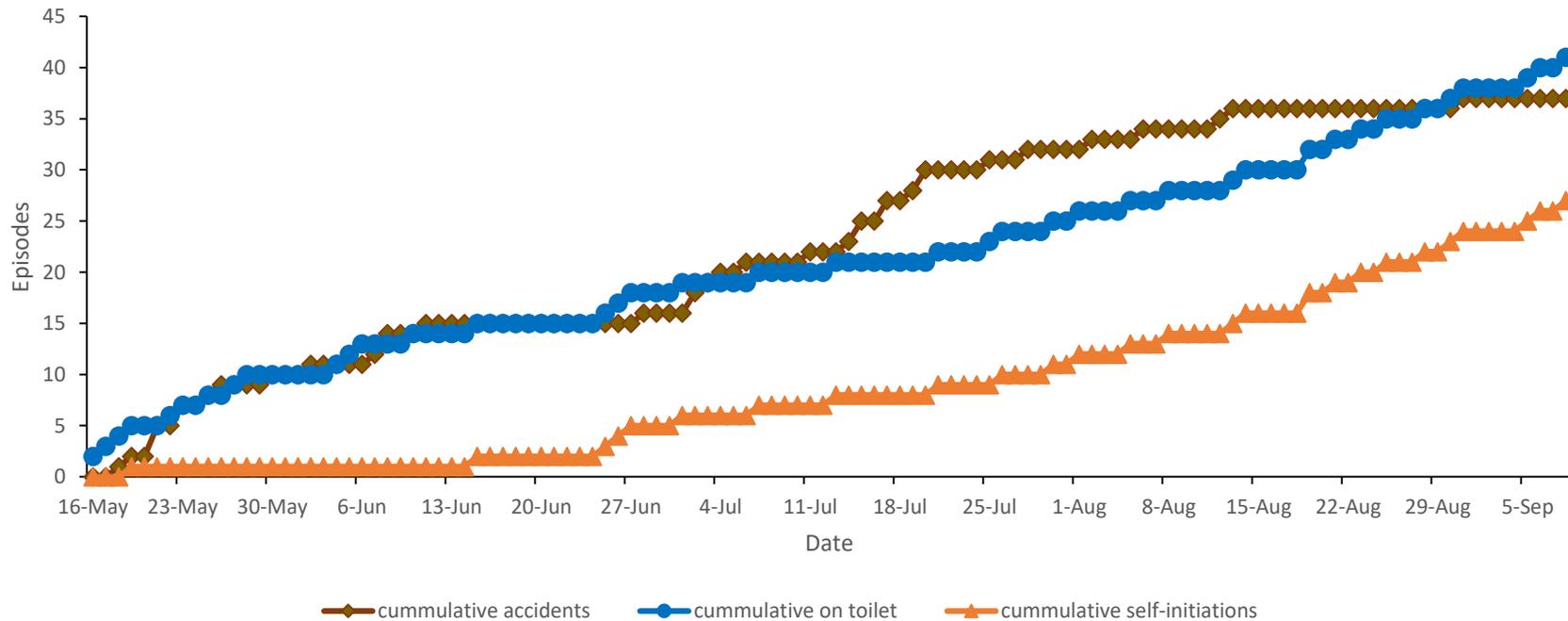
When treatment began:

“GRAH’s parents report that he currently remains dry throughout both the day and the night. He self-initiates peeing on the toilet throughout both routine and novel daily activities (either by requesting or simply by going on his own). He continues to wear a pull-up because he does not self-initiate pooping on the toilet. Over the years his parents have tried numerous strategies to teach GRAH to poop on the toilet, but he has not been responsive to any of these attempts.”

Time to Acquisition

Pee Continence ²	Nighttime Continence ³	Poop Continence ⁴	Self-Initiation Fluency ¹	No Accidents Since:
n/a	n/a	103 days	101 days	8/31/15

GRAH—Cummulative BM Data





Case Study 2

- Name: DUTL
 - Age: 22 months
 - Diagnosis: N/A
 - Communication: Vocal
-
- DUTL is a healthy 22-month old girl. Her physical development (weight and height) are on the lower end of the normal spectrum, but have not been a concern to her pediatrician. She is steadily meeting milestones and consistently demonstrating normal development. Her vocal communication is proliferating greatly. She communicates primarily with single word utterances, but occasionally is using two- and three-word phrases. Her utterances are often accompanied by gestures. She is capable of sharing joint attention with others, both by acquiring and directing and by responding and following. She can sit for 15-30min at times when engaged in preferred activities (e.g., eating, watching tv). DUTL normally takes one nap (1-2hr), but occasionally does not nap at all or for a brief (<1/2hr) period.

DUTL—Skill Development

- At the start of treatment:
- DUTL will occasionally sit on a potty chair when prompted. She does not poop or pee on a toilet. She will communicate that her diaper is soiled after she has already pooped or peed, but she does not communicate the need prior to voiding. She is capable of sitting for up to 1/2hr when engaged in a preferred activity (e.g., eating, watching tv).

Time to Acquisition

Pee Continence ²	Nighttime Continence ³	Poop Continence ⁴	Self-Initiation Fluency ¹	No Accidents Since:
10 days	11 months	2 months	6 days	4/2/16



Case Study 3

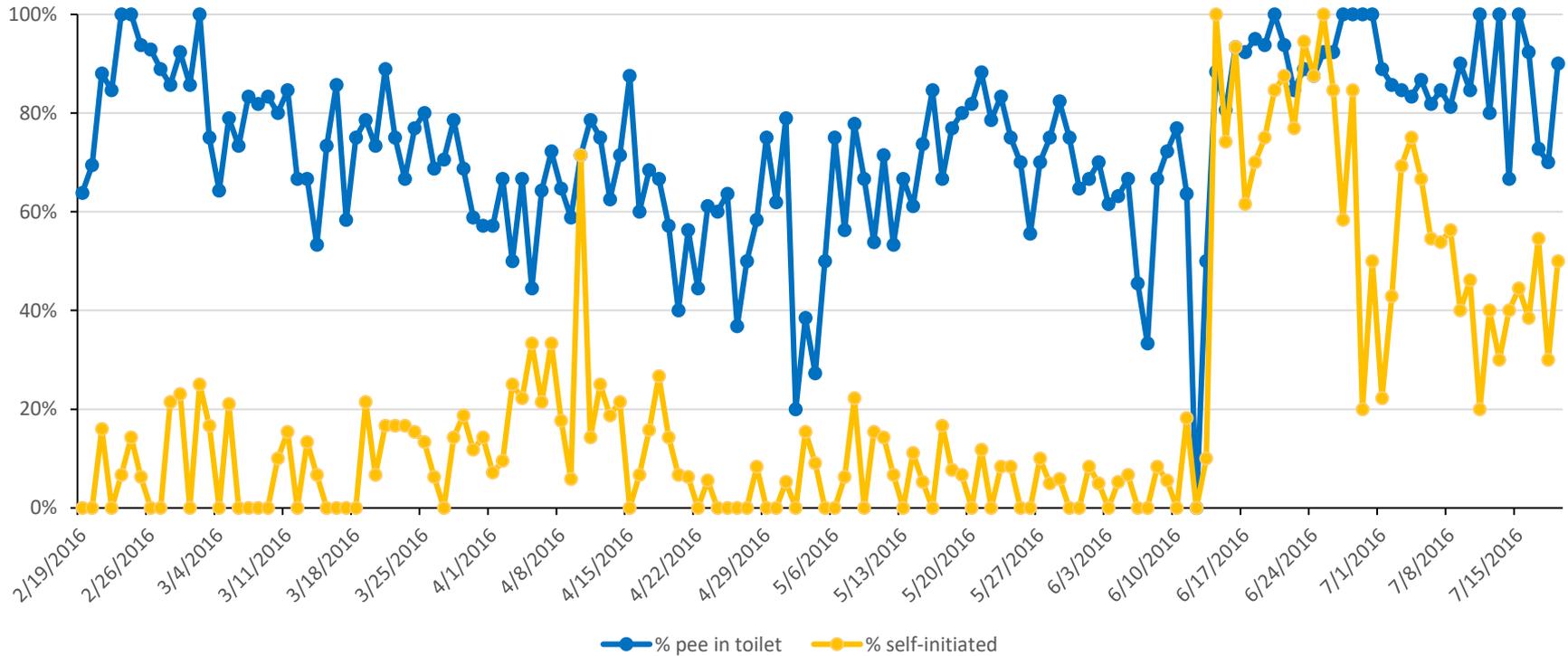
- Name: KOTO
- Age: 3
- Diagnosis: ASD
- Communication: Vocal / Sign / Pictures

KOTO is a bright and active young boy who recently celebrated his third birthday. He is an only child who lives at home with his mother and father. He enjoys playing with trains (especially Thomas), cars, trucks, books, a wire maze, and watching videos. KOTO also likes activities that allow him to swing, slide, and spin, and is very social and engaging with familiar adults. He thoroughly enjoys playing chase and hide & seek, as well as being read to. He has limited communication skills, and currently uses a mixture of signs (~12 sign vocabulary), gestures, physical guidance, and maladaptive behaviors, to communicate his basic wants and needs. Speech therapy is focusing on improving his vocal imitation skills. KOTO's parents report that he is frustrated with not being able to communicate his basic wants, needs, and thoughts.

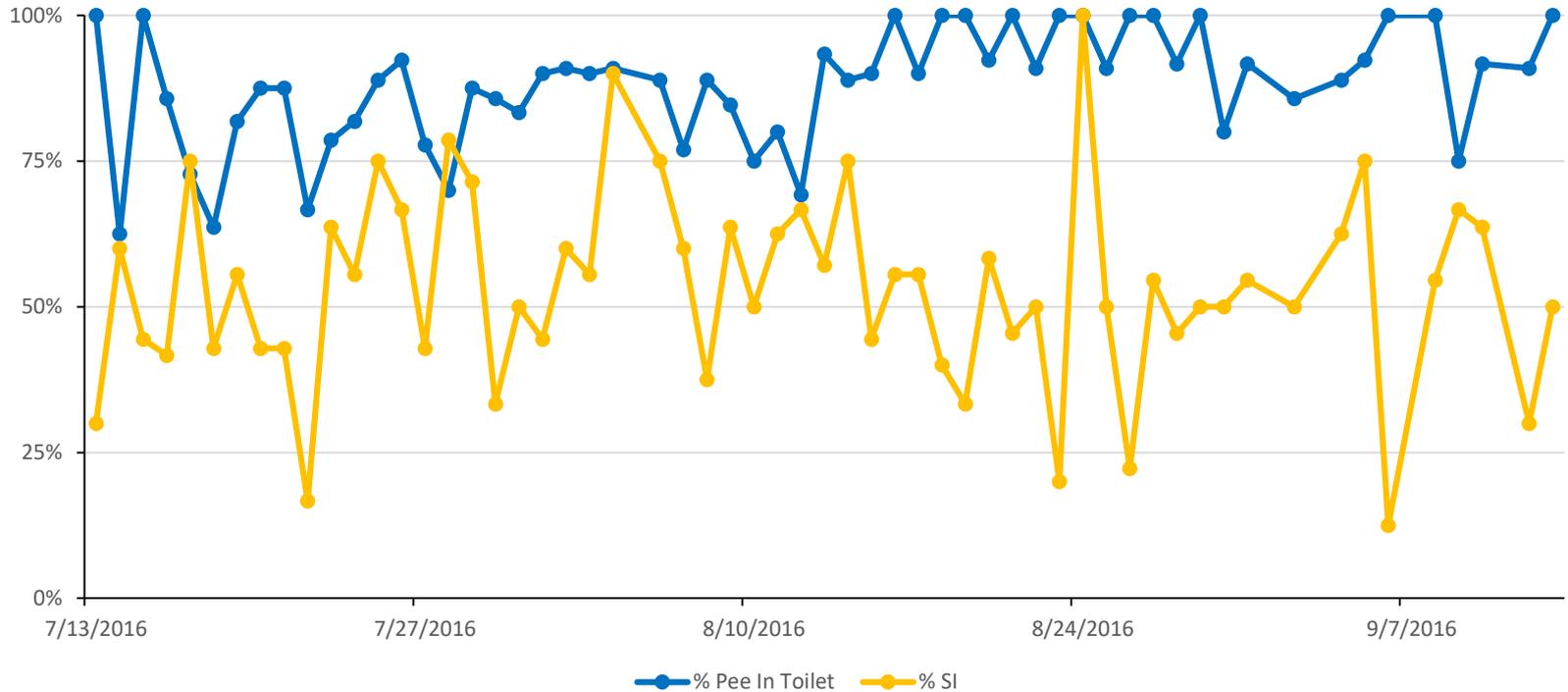
KOTO—Skill Development

- At the start of treatment:
- While KOTO will sit for 5-15 minutes at a time for preferred activities, he will not currently sit on the toilet. He has never pooped or peed in the toilet. He typically has 1-2 bowel movements a day and has not shown any signs of constipation. While he occasionally stays clean and dry throughout naps, KOTO never stays dry throughout the night.

KOTO—Skill Development



KOTO—Skill Development



Case Study 5

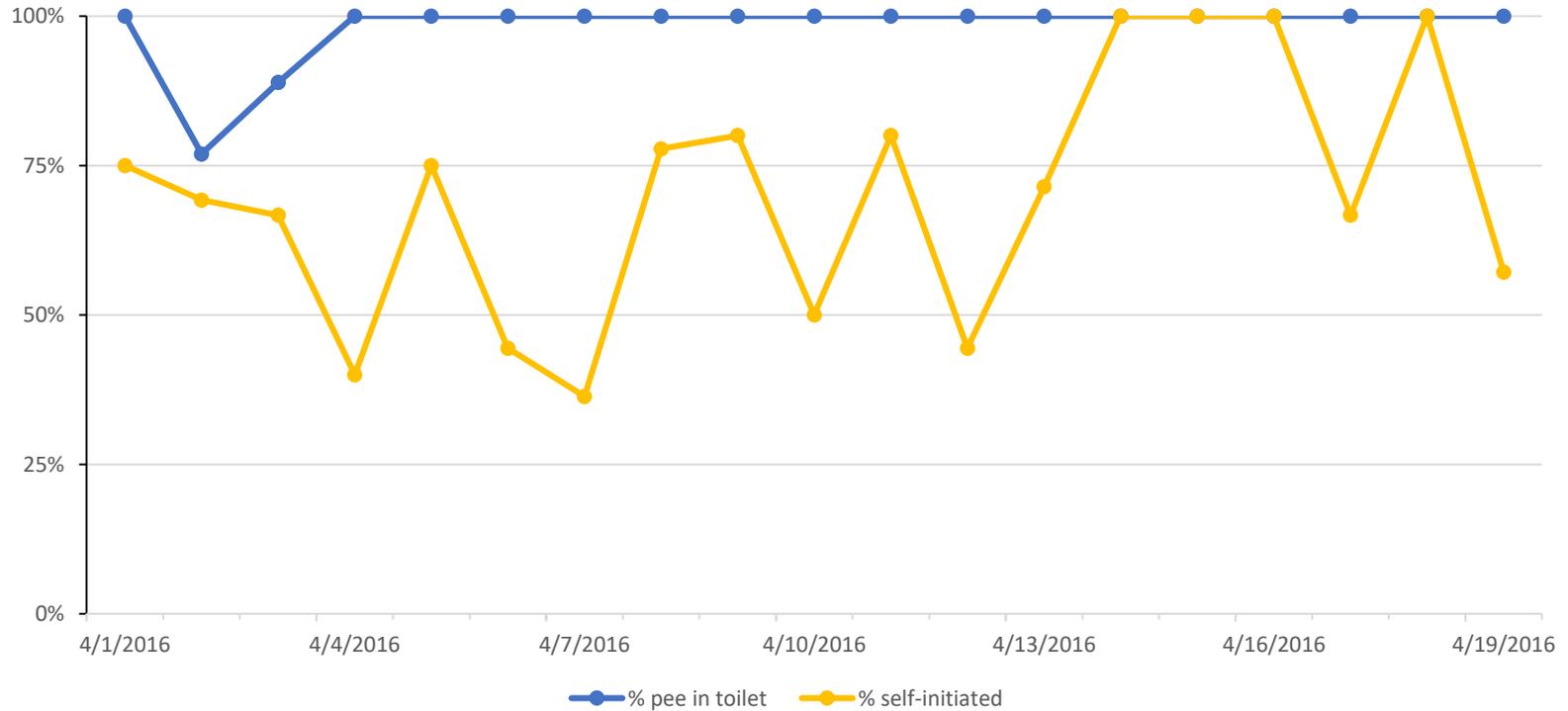
- Name: RZOL
 - Age: 3
 - Diagnosis: Speech Delay
-
- Lucas communicates vocally and can be understood by strangers when he is speaking, but he had significant speech delays and had a very hard time expressing himself. The family reports that they think his speech delay led to tantrums and acting out. As of late, he is acting much better according to the family and they think it's because he is now able to communicate his needs. Beginning a couple of months ago, Lucas started having tantrums almost every day. After the family consulted with a behavior specialist his behavior improved significantly. Lucas enjoys playing with Legos, cars, and watching the Lego movies, and can sit for more than 30 minutes when engaged in preferred activities.

RZOL—Skill Development

- The family also reports that talking to Lucas about using the potty or wearing underpants can cause him to tantrum. He has never peed in the toilet, and his family reports that they are not able to get him to sit on the toilet. They do report that he stays dry while asleep at night. The family has expressed their strong belief that he has had a long history of negative experiences with toileting. Consequently, the family has stopped bringing up the topic of toileting and underwear, though they have begun to talk to him about “teachers” who will be coming to the house to work with him on toileting.

Pee Continence ²	Nighttime Continence ³	Poop Continence ⁴	Self-Initiation Fluency ¹	No Accidents Since:
5 days	38 days	107 days	5 days	7/11/16

RZOL—Skill Development



Case Study 6 Demographics

- Name: KRAD
- Age: 5
- Diagnosis: PDD-NOS / ASD
- KRAD is a five-year-old male with a diagnosis of PDD-NOS Autism Spectrum Disorder. He will sit for more than 20 minutes during preferred activities. His preferred activities vary by day and by hours, but some regular favorites are sand, water beads, alphabet train puzzle, magnets, Legos, Shopkins, Jake pirate ship, and anything involving running or water. He communicates vocally and by using nonverbal strategies such as gesturing. KRAD uses PECS as a secondary form of communication. He typically tantrums 1 or 2 times per day for less than 5 minutes, and often for only 1 minute. KRAD's tantrums typically occur when he is being forced to do something he doesn't want to do. He will often show his displeasure by acts of aggression (biting, hitting, scratching. Biting is much less frequent now, scratching is now the more frequent)

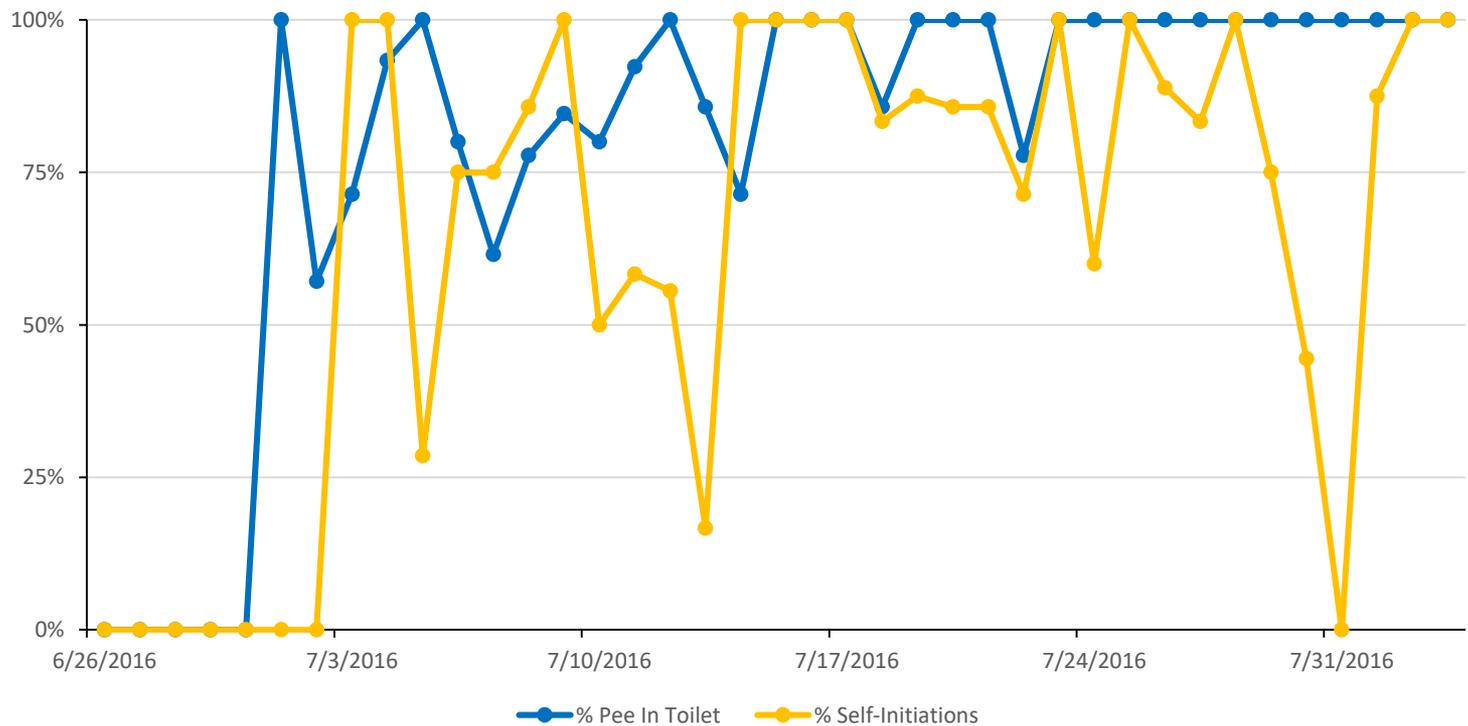


KRAD—Skill Development

- At the start of treatment:
- KRAD pees in the toilet less than once per month and at this time he requires physical prompting to do so. Toilet training has been attempted before and he will sit on the toilet for more than 10 minutes. He has a bowel movement 1 to 2 times per day, but he has never had a bowel movement on the toilet. He stays clean or dry overnight less than 50% of the time. The family reports that KRAD doesn't mind sitting on the toilet, but he does not like to pee in the toilet. For a while he was waking up dry (and then would flood) but the family hasn't seen that behavior in a while (since he started sleeping better). They also report that he definitely knows when he is wet or dirty and tells his family members. The family is unsure if he will tolerate wearing underwear.

Pee Continence ²	Nighttime Continence ³	Poop Continence ⁴	Self-Initiation Fluency ¹	No Accidents Since:
27 days	18 days	168 days	10 days	

KRAD—Skill Development



Case Study 7 Demographics

- Name: KOBM
- Age: 6
- Diagnosis: ASD
- KOBM enjoys playing on her iPad, swinging, jumping, physical play, little people/characters/vehicles, and sometimes books. She will sit during preferred activities for about 10-20 minutes. She communicates basic wants and needs both vocally and with maladaptive behaviors (e.g., crying, tantrum, aggression). She does not approach others to communicate, and accesses preferred items and activities either by requesting them or getting them for herself. Her vocalizations are normally spoken clearly enough to be understood by unfamiliar people. She will also use physical guidance and informal gestures to communicate her wants and needs to others. At school she uses pictures from a book to communicate some things and also uses pictures to make choices at home sometimes. She typically will tantrum 5-6 times a day for 1-5 minutes per episode. Parents report though that tantrums can occur for 5-10 minutes per episode at times. Currently she is punching her head with her fist. This is happening daily anywhere from 30-40 times per hour. Half of the time it is almost like a light knocking and the other half it is a full blown hard punch, both during times of frustration as well as randomly throughout her day. It almost always happens when there are any demands put on her (brushing her teeth, changing her pullup, brushing her hair, getting a bath, getting dressed etc.).



KOBM—Skill Development

- At start of treatment:
- KOBM has a previous history with toilet training. She will sit on the toilet for 1-5 minutes and wears underwear. To date, she has not urinated or had a bowel movement in the toilet. She has a bowel movement typically 1-2 times a day. KOBM stays clean and dry when sleeping. She knows toilet routine from beginning to end and can script the actions but does not actually go to the bathroom.

Pee Continence ²	Nighttime Continence ³	Poop Continence ⁴	Self-Initiation Fluency ¹	No Accidents Since:
9 days	5 days	37 days	6 days	5/9/16

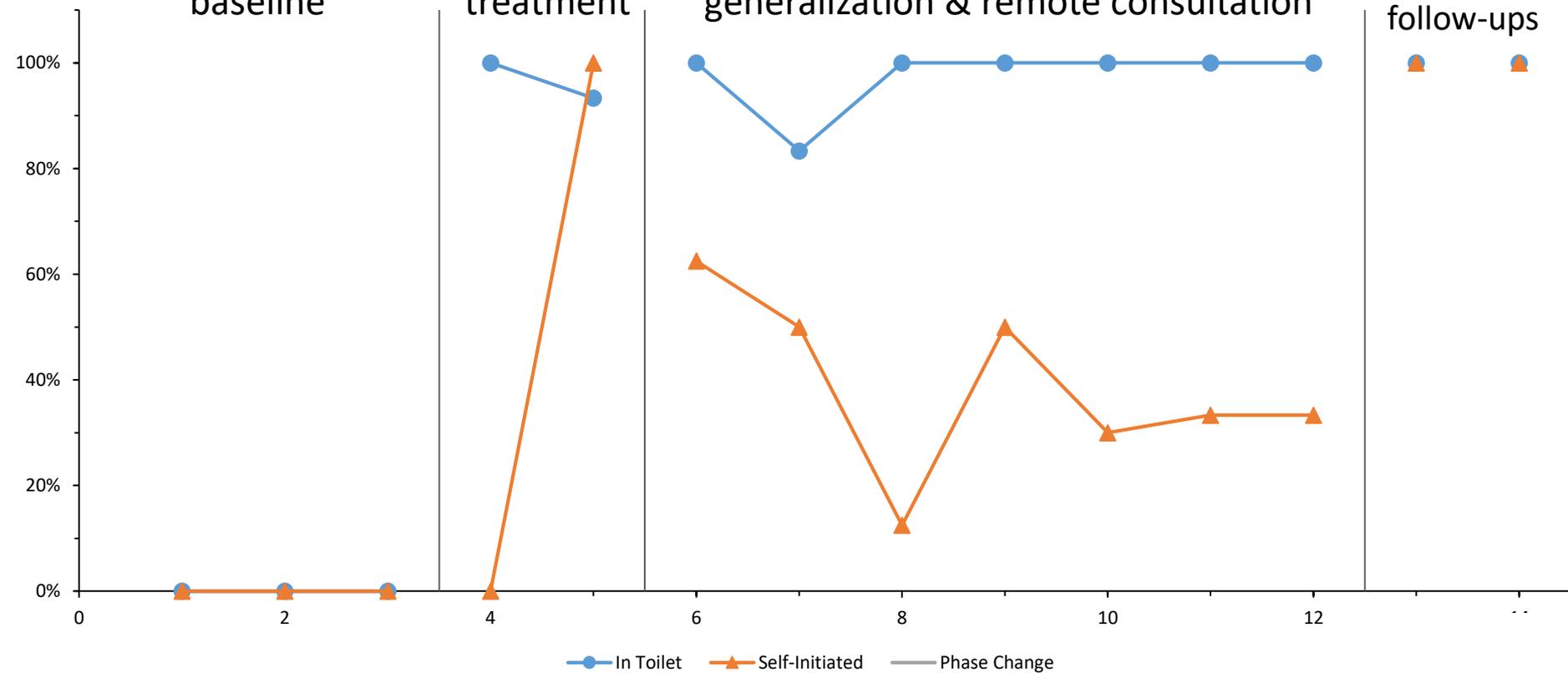
KOBM

baseline

treatment

generalization & remote consultation

2- & 4-month
follow-ups



Case Study 8

- Name: LITE
 - Age: 5
 - Diagnosis: ASD
 - Communication: PECS / Gestural / Vocal
-
- LITE's preferred activities include swinging and music. She will sit for less than 5 minutes during preferred activities. She communicates her basic wants and needs are using picture exchange, gestures and guiding, and maladaptive behaviors. She typically tantrums 3-4 times/day for less than 2 minutes per episode. She is non-verbal, but is beginning to use PECS



LITE—Skill Progression

- At the start of treatment:
- Toilet training has previously been attempted. will sit on the toilet for less than 1 minute. She never pees in the toilet. Her family reports she has had 3 or 4 bowel movement in the toilet (but all over a year ago), and that she never stays clean and dry when sleeping. She is willing/able to wear underwear.

Pee Continence ²	Nighttime Continence ³	Poop Continence ⁴	Self-Initiation Fluency ¹	No Accidents Since:
76 days	8 days		42 days	

LITE—Skill Progression

Case Study 9 Demographics

- Name: DUTJ
- Age: 24 months
- Diagnosis: N/A

Case Study 9 Data

Case Study 10 Demographics

- Name: AUSG
- Age: 5
- Diagnosis: Autism

Case Study 10 Data

Case Study 11 Demographics

- Name: LATE
- Age: 14
- Diagnosis: N/A

Case Study 11 Data

Case Study 12 Demographics

- Name: KATT
- Age: 13
- Diagnosis: Autism

Case Study 12 Data

Case Study 13 Demographics

- Name: ZVOM
- Age: 5
- Diagnosis: Autism

Case Study Data

Case Study Demographics

- Name:
- Age:
- Diagnosis: N/A

Case Study Data

Data Collection and Excel Tools

- [Client Intake Form](#)
- What types of data might you want to collect?
- How would you collect data?

Data Collection and Excel Tools