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ABSTRACT

Self-care in toileting is one of the areas that persons with autism frequently have difficulty managing and are often confused by training. In developing a toilet training plan, critical factors include teaching the skill where it will be used, considering modesty concerns, communicating clear expectations, ruling out medical problems, and providing reinforcement. Suggestions resulting from a survey of 100 parents of children with autism are reported, including waiting until the child is 4 years old to begin training, recognizing the problems caused by changes in routines and changes of bathrooms, and dealing with fears associated with toileting. Case histories are presented of three students at different skill levels in toileting. The long term goals, objectives, and procedures developed for each are discussed. Suggestions for specific challenging behaviors are offered. The booklet concludes that persons with autism can become independent in taking care of their toileting needs through the step-by-step progression of schedules, routines, physical assistance, cuing, reinforcers, and adaptations in clothing and environment. (JDD)

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FUNCTIONAL PROGRAMMING FOR PEOPLE WITH AUTISM: A Series....

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**FUNCTIONAL PROGRAMMING FOR PEOPLE
WITH AUTISM: A Series....**

TOILETING

by

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c. 1989

Indiana Resource Center for Autism
Institute for the Study of Developmental Disabilities

Revised by
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c. 1991

INTRODUCTION

Deciding what basic life-long self care skills are necessary for a young child with autism to live as independently, productively, and happily as possible when s/he becomes an adult must be part of his/her early planning, programming, and training. We cannot wait until this person is 12, 14, or 16 to teach independence in self care or any of the life management skills. Because of the difficulty the person has in initially learning the skill and generalizing a routine across settings, consideration must also be given to how and where to teach these skills.

Self care in toileting is one of the areas that persons with autism frequently have difficulty managing and are often confused by training. Lack of appropriate toileting skills can be a factor in a student's being excluded from programs, a barrier to the person's remaining in the home, and a drawback to the development of social interaction for these individuals as they grow up. Learning to toilet appropriately, partially depends on understanding social cues, which is a deficit for persons with autism.

Some individuals may have awareness and control of their toileting needs but are helpless in caring for their clothes and self during toileting. Some do not understand the pressure and concern from caretakers about accidents; others have little or no awareness and control of their toileting needs. They may require a toileting schedule where sitting on the toilet at specified times is part of their daily routine. Others may have awareness of their need to toilet, but do not use the toilet because they are afraid of the flushing; they forget, or they use this to control adults. They may hold their bowel movement for days or have accidents in their clothing, with smearing and wiping themselves as problems. Some may urinate in their pants, a bathtub, or a sink because they are afraid of going into a stall or strange bathroom. Some males with autism have difficulty with standing for urinating and sitting for bowel movements, or touching themselves at inappropriate times.

How the young child learns toileting behaviors can become a trademark for how s/he functions in this area as an adolescent or adult. Therefore, when developing a toilet training plan for him/her, consider the following in developing long range goals:

- Teach words or gestures that will be accepted and understood everywhere. Will these words/gestures, i.e., potty, pee-pee, touching oneself- perhaps appropriate for a 4 year-old - be acceptable for the 8, 12, or 16 year-old? Difficult as it may be to teach appropriate skills and behaviors initially, it is easier than the student having to learn replacement skills and behaviors.
- Teach the skill where it will be used. Toileting routines should be performed in the bathroom. Changing soiled clothing, wiping oneself, and pulling up one's pants need to be done in the bathroom. If a preschool age child regularly drops his pants in the classroom or living room before going into the bathroom, this will likely become a part of the toileting routine. While this may be acceptable for the young child in this protected environment, consider the consequences for a 15 or 21 year-old who wants to continue this routine.
- Make necessary clothing adaptations to increase independence when needed. What clothing adaptations can be made to make the toileting routine easier for all involved? If the person has problems with zippers, snaps, or belts, consider using velcro fasteners or pants with elastic waistbands instead of belts.
- Modesty concerns such as closing the bathroom door and completing the routine in the bathroom need to be a part of the initial training. Caregivers sometimes prevent an individual from practicing private behavior by constantly being present in private places. Increasing independence in routines as quickly as possible will help.

- Self-initiating or requesting to go to the bathroom may not need to receive priority if comfortable schedules can be established. In the process of toilet training, decisions need to be made about what is important since this may vary with the environment. The expectation that everyone uses the restroom during recess at school, or breaks in the work setting is quite appropriate and can become part of the routine. Perhaps the person can self-initiate at home but may be required to ask in other environments. There is no hierarchy for which method to strive for since environment specific requirements and cues become the deciding factors. A person who learns to adhere to a bathroom schedule can function quite independently in the adult world and may even be healthier than one who believes s/he needs to withhold for long periods of time.

For many reasons toileting can be a problem for persons with autism. Therefore, when toilet training a young child with autism, consideration should be given to "What does this person need to function effectively at 12, 16, or 20," and then the step by step development of a routine that can assist him/her to that level of independent functioning.

Listed below are some practical steps to a toilet training program for individuals with autism. It is always easiest to begin with children who do not have a history of problems, but the same principles apply regardless of age.

Medical Considerations

- Rule out or treat any medical problems.
- Is the person afraid to go because of constipation?
- Is pain or frequent urination due to an infection?
- Is there colitis

General Considerations

- Expect toilet training to take time. Trainers must be consistent and patient. Learning to use the toilet is part of being socialized. For children with autism the expectations are less clear. What is wanted from them? Why? How often can the skill be practiced? How can it become a functional part of the daily routine? How can it be kept from becoming a control issue? How can fears be avoided?
- Keep data. Design data charts to meet your needs. (An example of such a chart can be found at the end of this booklet.) Analyze weekly, then over months. Keep track of successes and accidents and times of day. Keep track of illnesses, food, and drink. Questions: How long does the person stay dry? When is the child most likely to have bowel movements or to urinate.
- Communicate clear expectations. Chart times the child is most likely to need toilets sits, then establish a set toilet schedule. Establish a set toilet routine, (sometimes sitting for a length of time is difficult; establish a "finished" cue). Use consistent people within each environment to establish the routine. Design a positive approach that includes modeling, positive practice, pants checks for dry and clean pants, and reinforcement.
- Reinforce. This should be strong and individualized, immediate, and used every time for successive steps (from just sitting to self-initiating toileting from environmental cues). Reinforcement for dry pants between toilet sits may provide extra incentive and information.

One person oversees the entire program. Assign specific tasks to specific people. Meet regularly for ideas and updates, and to verify consistency across environments. Reinforce staff for being consistent, contributing ideas and data, ignoring accidents and

smearing, and doing clean up. Carry the plan over 24 hours, if possible.

- Remain positive and optimistic. Lack of toileting skills has the potential to make people very upset and to alter family life and schedules. The individual being trained may react with anxiety, withholding at the desired time, or stick tenaciously to a set pattern.

Environmental Considerations

- It is usually easier for the child to remember to sit for all toileting at first, even a male.
- Consider location of potty chair, toilet devices, or both, (Height, privacy, stalls, etc.)
- Consider the number of different situations in which the child must toilet. (Limit the number in the beginning.) Consider other distracting stimuli, (noise, movement, etc.)
- Clean-up: Use materials that make it easier and quicker: large towels, rubber gloves, wipe dries, disinfectants. Smearing may be an attempt to clean up.

SPECIFIC IDEAS FROM SURVEY OF 100 PARENTS OF CHILDREN WITH AUTISM

Wait longer than the usual 2+ years to begin toilet training to avoid lengthy early toilet training when communication is less understandable to and from the child. Waiting to begin urine training until 4 years and bowel training until 4.5 years, the average age of accomplishment in the Survey might shorten the training process, thereby lowering frustration of the child and the parent. The Survey suggests that the lower the cognitive skills and the less verbal the child; the older the age will be to accomplish training. The required length of time to practice toileting before accomplishing the process was not studied.

- Bowel training appears to take longer and be more difficult to adapt to a schedule. Since it occurs less frequently there is less practice time. Fear, pain, confusion, and frustration were more commonly connected with bowel training. Constipation problems were common.
- Change of routines and change of bathrooms were listed often as reasons for regression and as problems. People with autism often have problems with transition and change, therefore this is an additional factor that must be taught and considered while toilet training and in future years.
- Teaching a male to sit, stand, or to switch did not affect his ability to stand when he was older. It isn't clear whether having to make the decision to sit or stand make toilet training more difficult.
- The Survey suggests that many children with autism regardless of their verbal or functioning level may need to be taught to ask to use the toilet when this required. The methods and cues that contribute to dependency will have to be considered when toilet training.
- Using a schedule, especially one that is tied to routines in a person's day worked for individuals who did not train as early as others, especially for urine training.
- Reinforcement, especially praise is used by most parents of children with autism. Punishment was used by a third of parents with scolding used as the method by 3/4 of those. Several parents indicated in comments that their children did not understand punishment and it was not effective. All parents used reinforcement with daughters. Finding ways to reinforce are important.
- Urinating in places other than the toilet was not uncommon, especially urinating outdoors.

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other places than the toilet for bowel movements was reported by a quarter of the respondents. Therefore, special attention to teaching places that are comfortable and easy to access may be helpful.

- About a third of the individuals with autism have fears associated with toileting. Verbal individuals had the most fears, with non-verbal people having about twice as many fears as the minimally verbal group. It is possible that the fears are more easily understood as fears from those who can say them. Perhaps there is a greater attempt to interpret behaviors as fears of non-verbal people and it is probable that they have more help with toileting, since someone is there to interpret.
- Other problems associated with toileting were mentioned by half of the parents. About 40% had current problems associated with toileting. The current problems shifted from earlier concerns to focus more on problems that occur when the person is unsupervised and the expectation to toilet independently and in private is greater. Perhaps more instruction while training should be focused on use of toilet paper, wiping, generalization to many bathrooms, and flushing.

Although only 11% of the parents thought puberty was a complicating factor to toileting, 15% may not have reached puberty due to their age being between 9 and 12 added to the 22% not yet trained, may make it difficult to single out the effect of puberty. The relationship of toileting behaviors to sexual behaviors or concerns may be an area to study further.

INDIVIDUAL CASE HISTORIES

Described below are three students who are at different skill levels in toileting and the long term goals, objectives, and procedures developed for each.

Student A: James

James is a 15 year old student with autism. James' toileting skills are varied. James independently cares for himself at the toilet by following a learned routine. He manages his clothing, flushes the toilet, washes and dries his hands without cues. He does need occasional reminders to wipe himself. James has daytime and nighttime urination control. He has daytime and nighttime bowel movement control when on a schedule for bowel movements. James stands for urination, dropping his pants to his ankles, but spontaneously and consistently uses the toilet for urination. He does not have awareness of his need to have a bowel movement. If not on a schedule, James will soil or spot his pants at times. It seems that many of the males with autism who have been taught to stand for urination have problems knowing when and how long to sit for bowel movements. The following objectives and procedures were developed for James.

Long term goal: James will take care of toilet behaviors and skills independently.

Objectives

1. James will have a bowel movement in the toilet as part of his routine.

Procedure: James needs a schedule to sit for bowel movements (2:00 p.m. and 7:30 p.m.). The adult points to James' daily schedule that matches the clock face with toilet sit picture. James sits for at least five minutes using a timer as a cue. He is given verbal cues to "Push" during this time from outside the bathroom stall. James places an X on the chart if he has a bowel movement and is given a choice of reinforcers using a choice board.

2. James will use toilet facilities in all settings by using private stall and unzipping fly only or keeping elastic waisted pants by his hips.

Procedure: It is considered important for James to learn to refrain from dropping his pants to his ankles since this is not appropriate in public restrooms. This objective can be worked on after #1 is achieved or simultaneously by modeling and picture. Care must be taken that James not perceive that he is doing something wrong and stop urinating in public bathrooms altogether.

Student: Greg

Greg is an eight year old nonverbal boy with autism. Greg communicates by using his communication board, a limited amount of signing, and by physically showing the adult what he needs or wants. Greg does not exhibit total daytime or night time control of urination and bowel movements. He usually does not use any type of cues to make the adult aware of his toileting needs. On occasion, he has pulled down his pants or put his hands in his pants to communicate his need. Also, at times when asked if he has a need to use the toilet, Greg will respond positively by shaking his head. Currently, Greg has an average of three urination accidents per day and one urination accident in the night as well as one to two bowel accidents a day. Greg's accidents are charted to determine a toileting schedule that will best suit his needs.

Greg is on a schedule where a toileting time and instruction to sit on the toilet are built into the routine. Greg sits for urination. Greg does well in caring for himself in the bathroom routine which follows his toileting. This consists of flushing the toilet, pulling up his pants, washing and drying his hands and hanging up the towel. The amount of cues Greg needs to carry out his process depends on his mood (if playful, dawdling, or upset, Greg needs more cues). Greg is capable of carrying out this process independently and does at times. Greg has the self injurious behavior of head hitting and sometimes does this in the bathroom. The following is an

objective and procedure for Greg in toileting. Also included is the total bathroom routine and the procedure which accompanies it.

Long term goal: Greg will toilet independently

Objectives

1. Greg will urinate in the toilet as part of his routine with environmental cues or gestures and stay dry throughout the day.

Procedure: Greg's toileting schedule is as follows: 7:00a.m., 8:30 if not B.M. at 7:00, 10:20, 1:30, 4:00, and 7:30 p.m. Point to the picture and sign. Wait to see if he moves toward the bathroom. If no, repeat the direction and use minimal physical assistance to direct him to the toilet. Greg needs no assistance once he is on his way.

Have a towel available on the rack. When at the door of the bathroom, position his hands on his pants tops, quickly unsnap his pants, then point to the toilet. Leave and allow Greg to do the rest on his own. Greg has been taking the towel and placing on his head (protects himself from hits), independently pulling down his pants, and sitting on the toilet. At times, Greg needs physical prompts to carry this out, but is given as minimal assistance as possible. Greg should be left alone on the toilet (have toilet paper removed from the stall because he wads it into his mouth). He carries out tasks more successfully when left alone. Greg will get up when finished. When Greg urinates in the toilet, give him much verbal praise. An edible reward is also given when Greg urinates. If Greg does not urinate on the toilet, the schedule is not changed. He continues to be taken according to the schedule. However, if Greg is asked "Do you want to go to the toilet?" and he replied "Yes", take him. Sometimes he shows signs of needing to go like touching himself. Ask him then or say "Time to go to the bathroom."

After Greg toilets, point to the pictured sequence and give verbal cues one at a time in the following order: "Flush the toilet, Pull up your pants, Turn off the water, Dry your hands." Greg independently hangs up the towel when cued, "Finished," with sign

and physical cues to carry Greg through this entire toileting routine. He varies day today as to the amount of cues he needs.

Above all, give Greg time to complete the entire process of toileting. Do not rush him. The more Greg is allowed to do at his own pace, the less assistance he needs. This procedure is what is currently working for Greg. It may need to be adjusted at times to meet Greg's changing needs. If Greg's pants are wet, give him as little attention as possible when changing clothing. Lay the clothing out, help him off with his shoes, and direct him to change his pants, then leave the room.

Greg has approximately one to two bowel movement accidents per day below is an objective and procedure for Greg. The same procedure as above is used in caring for self after toileting, with the addition that Greg needs physical assistance in wiping. Wipe dries are used.

2. Greg will have bowel movements in the toilet when following a toileting schedule.

Procedure: The procedure is the same as the previous objective. Greg generally has a bowel movement each a.m. between 7:00 and 7:30. If he does not have a B.M. at the 7 to 7:30 sitting, he is directed to the toilet again at 8:30 a.m. A wipe-dry is handed Greg and "Wipe" is added to the sequence. Reward Greg with hugs and praise when he has a bowel movement in the toilet. A special reward of ice cream is also given. If Greg has a B.M. in his pants, give him as little attention as possible when cleaning him. Lay out his clothing and direct him to get dressed, then leave.

Student C: Randy

Randy is a six year old child with autism. Randy is very active and has difficulty attending to tasks. He is toilet trained but has difficulty in caring for himself at the toilet. Randy is aware of his toileting needs and spontaneously uses the toilet for both urination and bowel movements. He has both daytime and nighttime control of urination and bowel movements. Randy needs improvement in caring for himself at the toilet. He does not independently wipe, flush the toilet, or wash and dry his hands. He flushes the toilet

with verbal cues, but at times needs both verbal and physical cues to wipe himself and wash and dry his hands. Randy occasionally takes down his pants before reaching the bathroom and leaves the bathroom and leaves the bathroom with his pants partially down. The following objective and procedures were developed for Randy in toileting.

Long term goal: Randy will care for his toileting needs independently.

Objective

1. Randy will care for self while toileting.
 - He will wipe himself after a bowel movement with wipe dries
 - He will flush the toilet and wash and dry his hands independently.
 - He will wait until he is in the stall or bathroom before taking down his pants and will completely pull them up before leaving the bathroom.

Procedures

- Randy will be cued to wipe by giving him a wipe dry after a bowel movement and using physical assistance. As he becomes more competent in the routine, physical assistance will be faded.
- Provide a visual sequence of "Pull up pants, Wash hands, and Dry hands," in the bathroom. Point to these if Randy forgets. If Randy does not turn on the water, point to the picture then to the faucet. Randy will put his hands under the water and use the soap independently. He may need to be cued to "Rub hands together," with a model and/or verbal cue. As Randy becomes more accustomed to this routine, cues will be faded.

Randy had difficulty in caring for his clothes at toileting. He pulls down his pants without unbuckling his belt and unzipping or

unsnapping his pants. This causes problems for Randy after toileting and leads to Randy leaving the stall or bathroom with his pants at his ankles or pulling them down before he goes into the bathroom because he is afraid he might need help. At this time it would be wise to use clothing that Randy can manage in order to increase his independence.

UNDERSTANDING BEHAVIOR

With any given behavior it is necessary to understand the purpose of the behavior. Why is the student using toileting behaviors to communicate refusal or wanting attention? Too often the behavior has been used over time because it works and because the person does not have a more efficient way to communicate a need or desire. Toilet accidents are difficult to ignore and difficult to not get upset about, particularly when it appears that the person is using the behavior to get something that s/he wants. However, s/he may be confused and anxious.

First, it will be important to make sure that the person has other efficient communication systems that work. The communication attempts must be understood by the audiences/he communicates with, they must be acknowledged, and they must work every time and quickly. The individual may have learned that a toilet accident will get a response. Is the person allowed to refuse or get attention another way? Does he have another way?

Challenging Behaviors

Some challenging behaviors may emerge around toileting. Part of the reason or purpose of the behaviors appears to be that the individual with autism has learned that toileting means a great deal to important people in his/her life, and toilet accidents or varied responses to toileting often attract strong reactions. In the attempt to comply the individual may become confused, anxious, or seek the reinforcer that may be attention, clothes change, or shower.

Suggestions for Specific Challenging Behaviors:

1. **Dirtying pants when the aide leaves so the aide (male) comes back to clean him up.**

If pants are dirtied when the teacher leaves, providing clear information about where the teaching is going and when the teacher will return will be important. If the time is at the same time daily, try to find out what about that situation creates insecurity. Change the time the teacher leaves. Provide someone else to do the clean up. Change the scheduled toilet times for the student and have a strong reinforcement system for clean pants.

2. **Farting when he does not want to do something and it is so offensive that the teacher and everyone else leaves.**

Do not leave when the student farts. Provide a specific bathroom schedule. Utilize odors in the environment or on the person that may provide sensory input as well as mask the odor. Reinforce for good smells and toileting, if that is needed.

3. **Refusing to close the bathroom door because s/he is afraid to be alone where the toilet might flush.**

Desensitize to the door being closed and toileting flushing.

4. **Switching a six-year-old to sitting on the toilet because of bowel accidents and now he has bowel movements on the toilet, but is wetting again.**

Put on specific toilet schedule again and reinforce for both urinating and for having bowel movements on the toilet. Reinforce also for dry and clean pants.

5. **Running off and hiding to have a bowel movement by a four year old girl who urinates in the toilet.**

Watch for her signals and shape her to sit on the toilet at that time. either provide her with a potty chair in the "hiding" location or have her practice sitting with a stool to support her feet for comfort at other times during the day. The support stool then becomes the cue to try to have a bowel movement. Slow encouragement will be needed rather than force. Reinforce her for approximations (anything close).

6. Refusing to use the toilet at all at school, so goes all day without toileting.

Desensitize to school toilets and reinforce for using them. This may be needed for a variety of toilets.

7. Having bowel movements at night and smearing them in her room and using sheets to "clean up."

Establish a bathroom time before bedtime. Parents have reported using suppositories before bedtime for older children exhibiting this behavior with success and were able to stop using them in a few weeks. Reinforcement for going on the toilet and for being clean in the morning is important.

8. Messing self, undressing, and getting in the shower because he loves the shower.

Use alternative means for cleanup like large towels and shower only at set times. Reinforce for helping clean up and for staying clean.

Care to avoid such problems is undertaken with each student as he or she grows up. As stated earlier, medical concerns, illnesses, moves, absences of a parent, or other events can throw off toilet training. Much of what a person learns in this area is from social expectations and understanding what is happening with his or her body. Teaching through modeling may be useful and something that most young children experience. However, some children with autism are not able to learn from modeling when they are little because they do not yet imitate, then as they become older modeling may not be an acceptable method.

Making the learning of appropriate toileting skills, behaviors, and habits as much a part of a routine and schedule as possible and as free from emotionally laden events is encouraged. In this way the person with autism may be able to learn this important skill without undue problems.

SUMMARY

Persons with autism can become independent in taking care of their toileting needs through the step by step progression of schedules, routines, physical assistance, cuing, reinforcers, and the necessary adaptations in clothing and environment to

success. The developmental level of the person, his/her particular strengths, and any medical concerns need to be taken into account before beginning a toileting program. If a person cannot stay dry for 30-60 minutes, reasons why need to be determined. The child probably is not ready for even routine, practiced toilet sitting unless s/he can 1) stay dry for at least 45 minutes and 2) sit for 3-5 minutes.

A parent is not ready to toilet train unless s/he has time to adhere to a schedule, remain calm, and provide positive reinforcement. A teacher must give toileting skills a high priority if the child is 5 or older and is not toilet trained.

Helping the person with autism acquire independence in self management skills does require an investment of time and energy, patience, a belief in the individual's ability to learn, and an optimistic attitude toward a successful outcome. An outcome that enhances the quality of life for the individual and his/her family in the home or community and eliminates a barrier to interaction and acceptance in social, community school, and work settings.

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NAME: _____

Times:	am waking	7:30	8:30	9:30	10:30	11:30
Goes into bathroom						
Unsnaps pants (if needed)						
Pulls down outer pants						
Pulls down underpants						
Sits on toilet or stands						
Urinates						
Bowel Movement						
Stands up						
Pulls up underpants						
Pulls up outer pants						
Snaps pants (if needed)						
Flushes toilet						
Reinforcement given						
Goes to sink						
Turns on water						
Picks up soap						
Rubs hands together						
Rinses hands						
Turns off water						
Gets towel						
Dries hands						
Throws towel away or hangs up towel						
Reinforcement given						
Pants Checks						

Accidents:

