

# Toilet Training and Autism

BY SAMANTHA BOROWIAK, BEHAVIOR THERAPIST

Toilet training sometimes requires considerable time. An intensive learning procedure was devised for shortening this training time and tested with 34 children who were experiencing toilet training problems.

Major characteristics of this procedure are:

- A distraction-free environment
- An increased frequency of urination by increased fluid intake
- Continuous practice and reinforcement of the necessary dressing skills
- Continuous practice and reinforcement in approaching the toilet
- Detailed and continuing instruction for each act required in toileting
- Gradual elimination of the need for reminders to toilet
- Immediate detection of accidents
- A period of required practice in toilet-approach after accidents
- Immediate detection of correct toileting
- Immediate reinforces for correct toileting
- A multiple reinforcement system
- Continuing reinforcement for having dry pants
- Learning by imitation
- Gradual reduction of the need for immediate reinforcement
- Post-training attention to cleanliness

All 34 children were trained in an average of 4 hours; children over 26 months old required an average of 2 hours of training. After training, accidents decreased to a near-zero level and remained near zero during 4 months of follow-up. The results suggest that virtually all healthy children who have reached 20 months of age can be toilet trained and within a few hours.

– Azrin & Foxx, 1971

This study was first done with typical developing children. And many other studies followed up using children with autism and the same type of schedule. Results were still phenomenal, although length was longer. Some studies did have a length of 7-11 days (Cierco & Pfadt, 2002), and 12-27 days (Leblanc et al., 2005). If you are interested in reading these articles, please contact the Center for a copy.

One notable behavior analyst talks about potty training children with autism and says that “they may have a difficult time understanding the logic behind going to the bathroom, feel afraid of the bathroom, turned off by disruption in routine, or unaware of bodily cues. One’s sense of pride or wanting to impress parents is not always prevalent in children with autism.” (Dr. Randall, General Reference Center Gold, 2012).

By knowing the 15 characteristics mentioned above as well as the symptoms of autism, we can tweak these to make them as functional as possible. All children are capable of being potty trained. It can be tough, take lots of time, and lead to many accidents in the beginning, but it is definitely possible.

We want to help you and your child reach their highest potential! If you have any questions or if we can help in any way, please contact the Center.



**INSIDE THIS ISSUE**

- Meet our Staff ..... 1
- Student of the Week..... 1
- Four Functions of Behavior.....2
- Taboo List .....2
- Most Current Research .....3
- Toilet Training and Autism .....4

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Extraordinary care for every generation.

## Meet our Staff

We are proud to introduced Covenant Center for Autism staff. Left to right are:



Joey Norcross, MA, BCBA  
Program Manager

- |                                  |                    |                   |
|----------------------------------|--------------------|-------------------|
| <i>Front Row (left to right)</i> | <i>Middle Row:</i> | <i>Back Row:</i>  |
| Christina Nickert                | Leah Palm          | Drew Gerow        |
| Kristi Kolka                     | Ashley Stephen     | Aaron Bickerstaff |
| Jamie Sims                       | Becca Pierce       | Tim Obertein      |
| Michelle Griffin                 |                    | Joey Norcross     |
| Samantha Borowiak                |                    |                   |



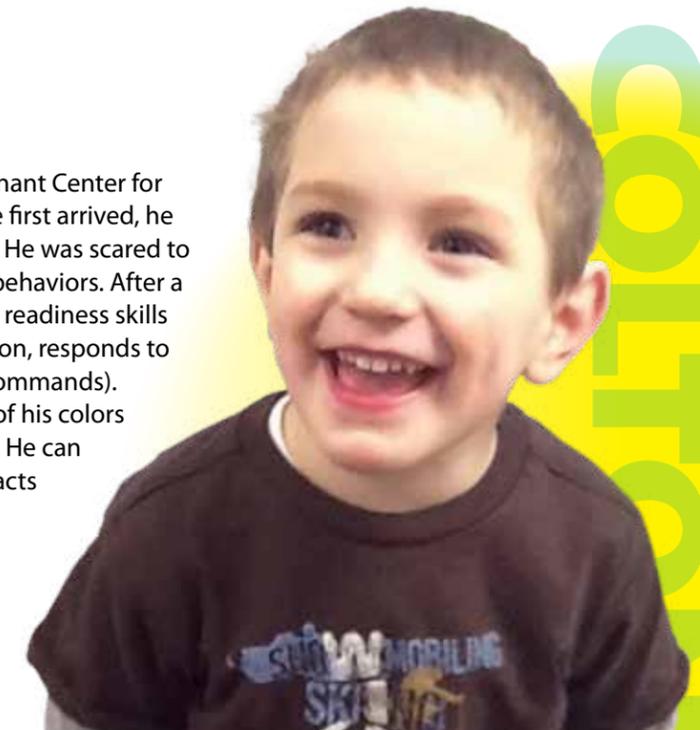
## Featured Staff Member

Joseph (Joey) Norcross, board-certified behavior analyst, grew up near Kalamazoo, Michigan. He received his Bachelor of Science in Psychology and Master of Arts in Applied Behavior Analysis (ABA) through the Behavior Analysis Training System (BATS), specializing in autism and organizational behavior management. He worked in Palm Springs, California for Autism Spectrum Therapies as a program supervisor for three years providing supervision of home-based ABA services to children with developmental disabilities and their families. Joey moved back to Michigan

in 2013 to help start up the new Center for Autism facility. His wife, Tareyn, is also a board-certified behavior analyst who works as a behavior consultant for the Autism Center of Northern Michigan in Midland. They have a 9-month-old son, Jameson, and two dogs. Joey and his family enjoy sporting events, concerts, camping, fishing, board games, traveling to behavior analysis conferences and spending time with family in Michigan and Iowa. Joey’s passions in the field are training staff, parents and behavior analyst candidates.

## Student Spotlight: COLTON

Colton was the first child to receive services at Gabe’s Place at the Covenant Center for Autism. He started October 2013, right after his third birthday. When he first arrived, he was not potty trained, very shy and did not interact with the therapists. He was scared to be away from mom, had a severe speech difficulty and many problem behaviors. After a year of treatment, Colton is fully potty trained. He has all of his learning readiness skills (skills necessary to be able to learn, i.e., appropriate sitting, joint attention, responds to name, spontaneous eye contact, gross motor imitation, and one step commands). Colton is talking clearly in 5-6 word sentences. He is able to identify all of his colors and shapes, both expressively and receptively, as well as numbers 1-20. He can count to 15 and is learning the last few letters of the alphabet. He interacts with his peers, imitates play, plays independently and in groups, gets excited at praise and forms connections with the therapists at Gabe’s Place. We are so proud of Colton and all his accomplishments and grateful to his parents who were 100% committed to our program at home – a key factor in Colton’s progress.



# Four Functions of Behavior

BY LEAH PALM, BEHAVIOR THERAPIST

FUNCTION OF BEHAVIOR	EXAMPLE
<b>1 Tangible</b>	Yelling, crying or flopping to the ground when a highly preferred item is removed from the child. This may occur when a child is watching their favorite television show and the television is turned off.
<b>2 Escape</b>	When it is time to go back to the work table, a child may flop to the ground or run in another direction to avoid going back to work. This could happen at the dinner table when a child doesn't want to eat. They may cry, fall to the ground or throw food on the floor in an attempt to not eat.
<b>3 Attention</b>	A child makes eye contact with a therapist or parent while hitting another child.
<b>4 Automatic</b>	Scripting, hand flapping or pinching. These are behaviors the child does because it "feels good." Most appropriate behaviors have automatic reinforcement, including eating, drinking and showering.

# OUR VIEW ON THE Most Current Research

This short section is to give you our advice and opinions on the current research on prevention, causation and treatment of autism. It's great that you want to be as educated as possible to help your child, and we want to help steer you in the right direction.

## Vitamin D

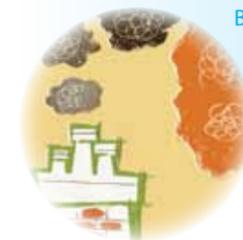
BY SAMANTHA BOROWIAK, BEHAVIOR THERAPIST



*Autism Speaks* recently posted an article about a case study related to a vitamin D deficiency and autism. A case study means that data was only collected on one individual, no experiment was conducted and nothing can be assumed from the findings except to suggest further clinical research. This article states that "vitamin D appeared to produce dramatic improvements in a toddler with autism" (notice the article says appeared, one of our taboo words in reading research). The individual that was observed had a significant vitamin D deficiency and received vitamin D injections and supplements until the toddler reached a normal level of vitamin D. Any other factors that occurred in between the vitamin level change was not recorded or held constant. We cannot assume that all children with autism have a vitamin D deficiency and we also cannot assume all children with a vitamin D deficiency will have autism. This article did a great job of ensuring that the readers understand it was just a case study and does need more research, but we know that sometimes it's easy to just read the first paragraph or even the title and get excited about a possible helpful hint to help with your child's autism. If your doctor does find a vitamin deficiency and suggests supplementing, it's always a good idea to respect medical advice, but not to expect improvements with the symptoms of autism. We will follow up with any other studies released on this topic!

## Air Pollution

BY ASHLEY STEPHEN, SPEECH THERAPIST



Research has been conducted recently looking at evidence linking autism to air pollution in North Carolina and in California. The most current study states that air pollution effects autism rates during the last trimester of pregnancy. When reading research like this it is very important to be critical. So far only three studies have been done comparing air pollution and autism. Many times research shows that there is correlation between two different events but that does not mean that one event causes another. Specifically, this study does not prove that autism is caused by air pollution. Rather, it may show that autism rates have risen and so have the rates of air pollution and that they may be related in some way. Unfortunately, we still do not know what causes autism.

## Gluten-free Diets

BY JOEY NORCROSS, BEHAVIOR ANALYST



Gluten-free, casein-free (GFCF) diets are one of the biggest trends in controversial treatments for kids with autism. This diet eliminates foods containing wheat and milk. Many parents and celebrities are big supporters of this diet and claim that it could potentially "cure" a child with autism. However, several well-designed research studies on these diets have not shown any improvements with cognitive, language or motor skills. There has been research that shows improvements in the behaviors of children who have gluten or casein allergies because the irritation in the stomach goes away after removing the allergens from the diet. It is important to note that most children with autism DO NOT have gluten and casein allergies. Some children with autism do have these allergies, and for those children, a GFCF diet would be beneficial. A downfall of this diet is that removing foods containing gluten and casein from a child's diet, especially if that child has a very limited diet, can lead to inadequate nutrition or allergies later in life. If considering this diet, first seek nutritional counseling to ensure that the child will still have all nutrition needs met.

# Taboo LIST

Be wary when reading any new research on autism. Many studies that are done do not prove anything and the summary that is published may give you false hope. Below is a list of words to be careful of when doing research on your own. We are happy to review any articles you find and discuss them with you.

- ~ Suggests
- ~ Shows promise
- ~ Likely
- ~ More evidence
- ~ Connects
- ~ Could play a role
- ~ Association
- ~ Reveals
- ~ Can improve
- ~ Correlates
- ~ Implies
- ~ Might
- ~ Links
- ~ Case study
- ~ Probably
- ~ Assume
- ~ Appeared
- ~ Parents reported

When these words are used in the titles or conclusions of the research you are reading, it means that their findings are inconclusive and need to be studied more before any significant conclusion can be made. Also, when words like connects or "correlates" are used, the direction of the causality cannot be determined. We don't know if "X" causes "Y" or "Y" causes "X." We just know there may be some kind of connection between the two.

