

Toileting Challenges with Autism – What Current Research Tells Us

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About Me

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- School Behavioral Consultant
- Clinical Behavior Analyst
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- Professor of Pediatrics
- Case Manager in Complex Behavior Support Program



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A Moment of Gratitude – Our Team



Nate Call



Joanna Lomas Mevers



Mindy Scheithauer



Colin Muething

Larry Scahill
Ansley Reich
Chelsea Rock
Shannon Hewett
Laura Coleman
Tracy Argueta
Scott Gillespie
Laura Johnson
Courtney McCracken
Laneva Cobb
Barbara McElhanon

...and many, many more!

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Disclosure

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Organization for Autism Research-Applied Research

$30,000

“An Interdisciplinary Approach to the Treatment of Encopresis in Children with Autism Spectrum Disorders”

PI- Dr. Nathan Call

The research presented today was supported by:

United States Department of Defense

$1,000,000

“A Multidisciplinary Intervention for Encopresis in Children with Autism Spectrum Disorders”

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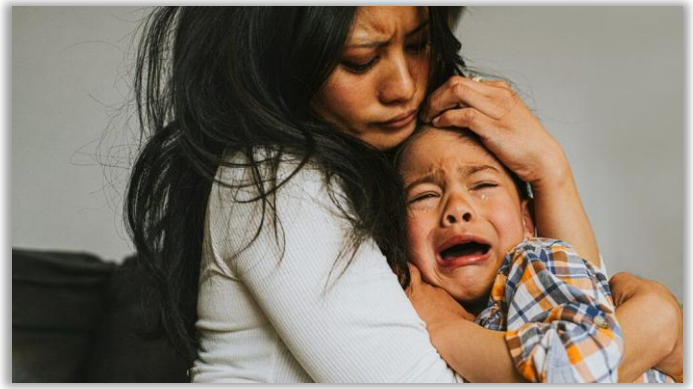





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Journal of Autism and Developmental Disorders
https://doi.org/10.1007/s10803-024-06297-3

ORIGINAL ARTICLE

The Social Validity of Behavioral Interventions: Seeking Input from Autistic Adults

Kaitlynn M.P. Baiden[1] · Zachary J. Williams[2,3,4,5,6] · Rachel K. Schuck[1] · Patrick Dwyer[7,8,9] · Mian Wang[1]

Table 1 Community Structure of intervention goals derived from exploratory graph analysis

Communities	% Endorsed	Mean (SD)
Uncontroversial		
Reducing Danger	96.2	5.4 (1.0)
Reducing Self-Injurious Behavior	90.9	5.1 (1.2)
Improving Quality of Life	91.3	5.3 (1.2)
Increasing Independence	88.3	4.7 (1.3)
Toileting	87.9	4.8 (1.3)
Controversial		
Reducing Inattention/Hyperactivity	49.1	3.3 (1.5)
Improving Sensory Tolerance	36.7	2.7 (1.7)
Reducing Picky Eating	32.2	2.7 (1.5)
Reducing Noncompliance	26.8	2.4 (1.6)
Increasing Eye Contact	20.1	2.0 (1.5)
Reducing Vocal Stimming*	19.0	2.0 (1.4)
Reducing Motor Stimming*	11.9	1.7 (1.3)
Reducing Fixations	9.0	1.7 (1.2)
Social		
Improving Communication Skills	91.5	4.9 (1.2)
Improving Interpersonal Skills	80.3	4.5 (1.4)
Learning Rules of Interaction	68.8	4.0 (1.5)
Improving Conversation Ability	63.6	3.9 (1.5)
Increasing School Readiness	49.1	3.3 (1.6)

Note *These two items were combined for the purposes of EGA

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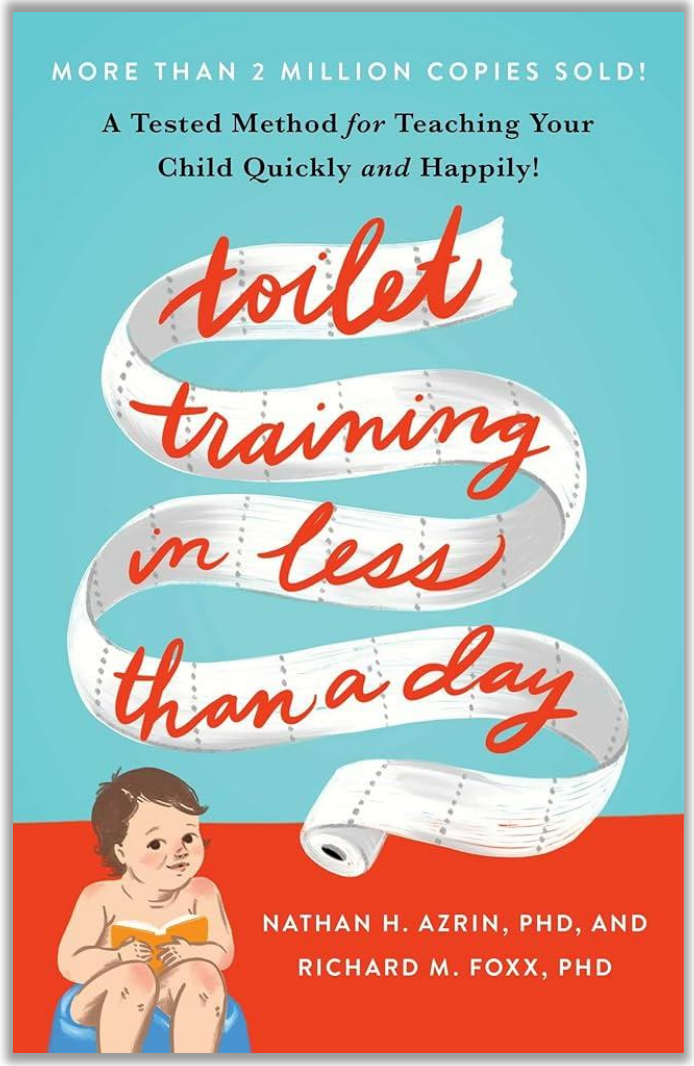

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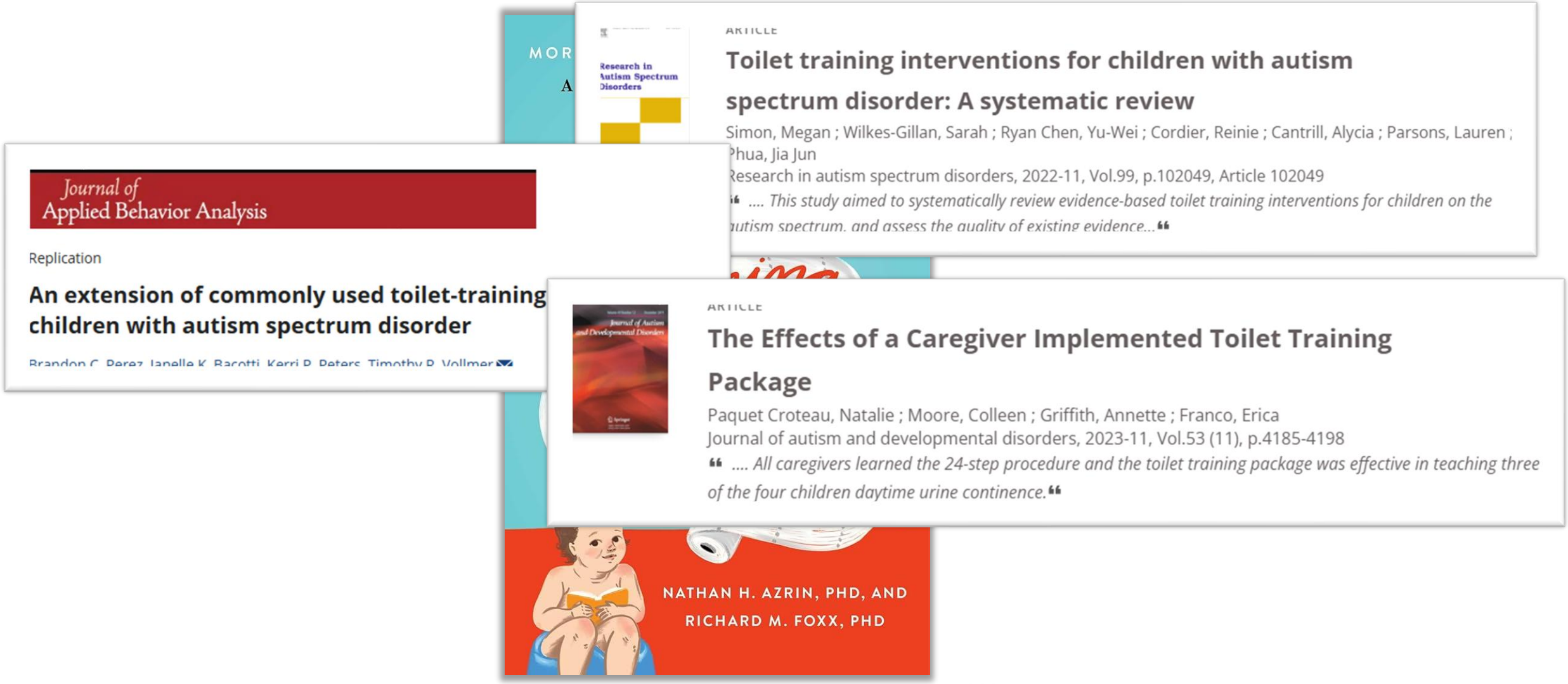

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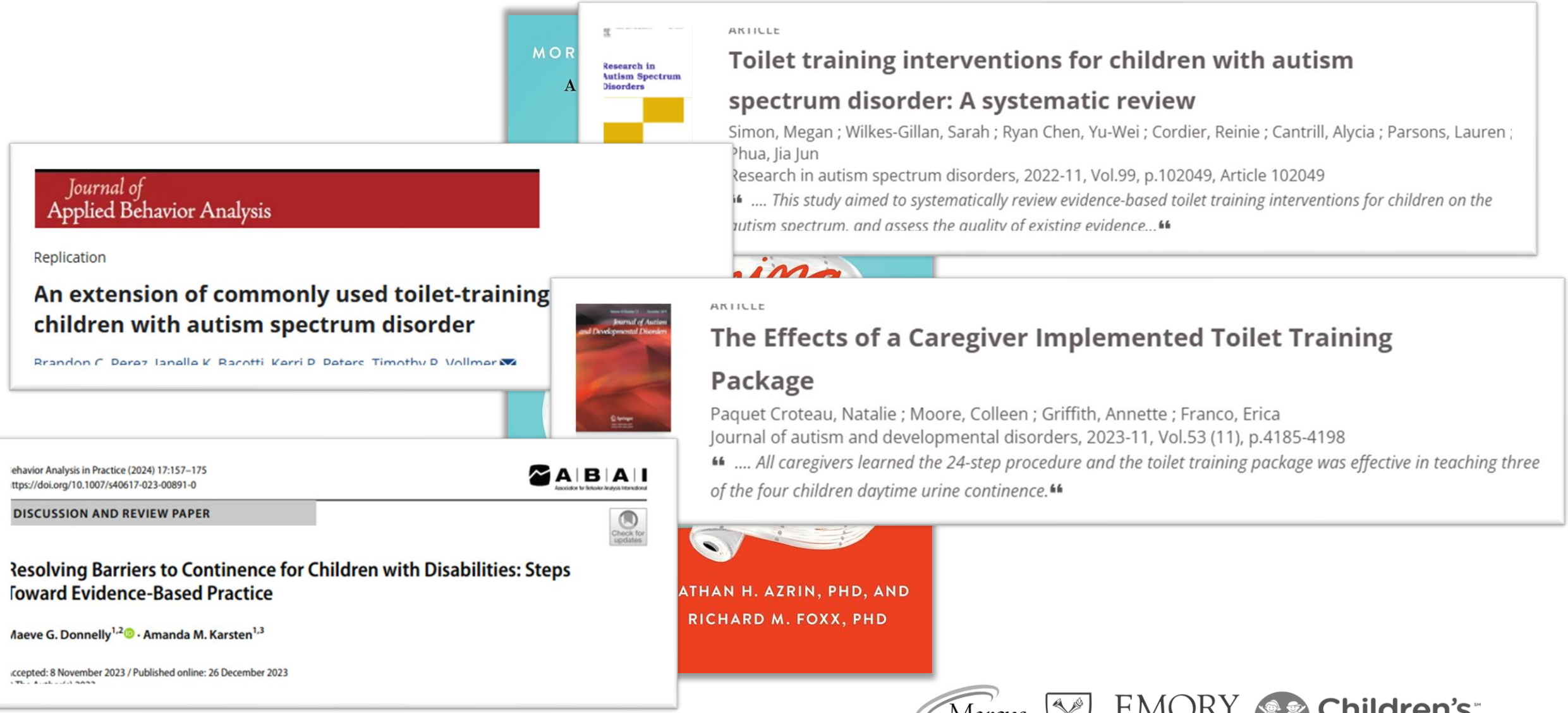

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Behavioral Approach

- Set up the learner's environment to promote success.
- Do not rely on "understanding" or social norms that may be outside of learner's repertoire.

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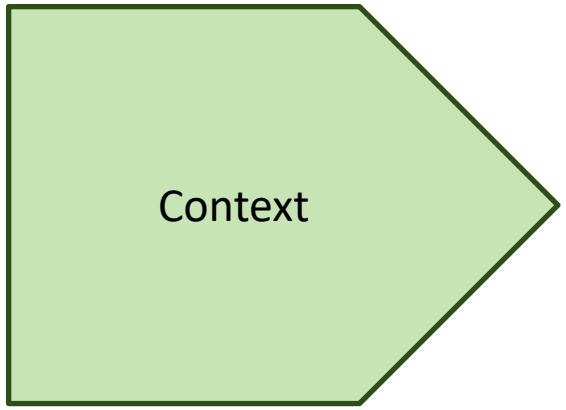

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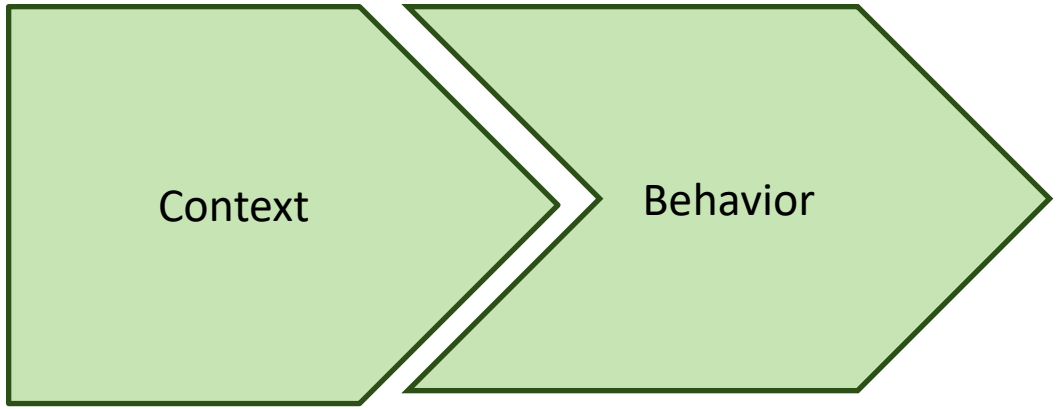

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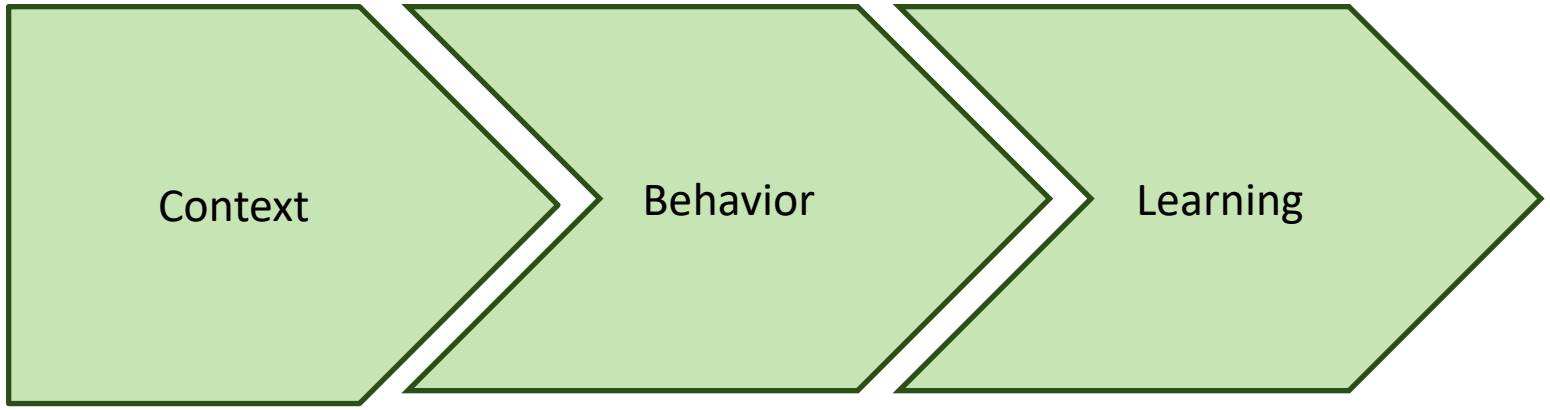

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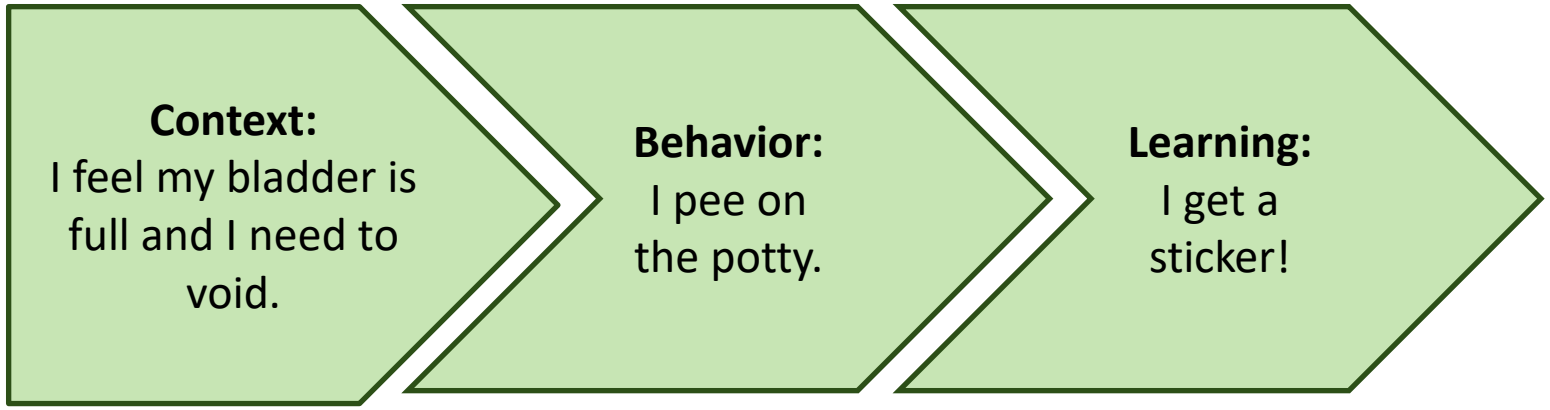

Essential Treatment Components

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Fluid Loading

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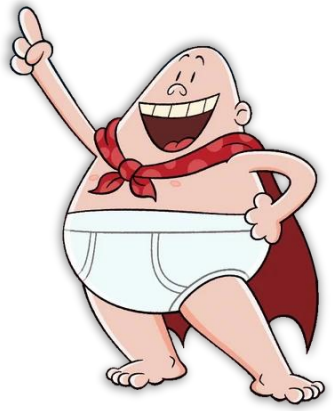

Underpants

Essential Treatment Components



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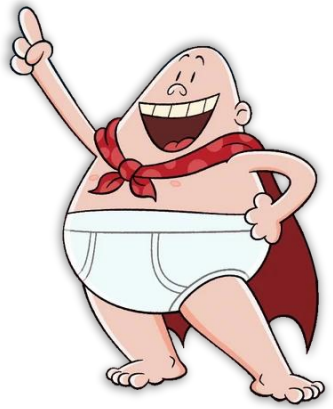

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Rewards

Essential Treatment Components



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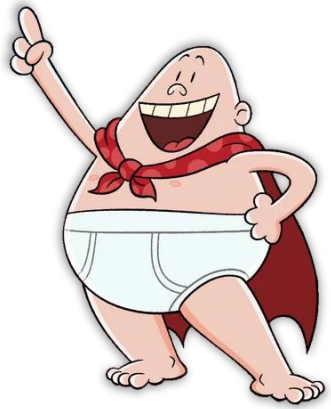


Underpants



Rewards



Sit Schedules

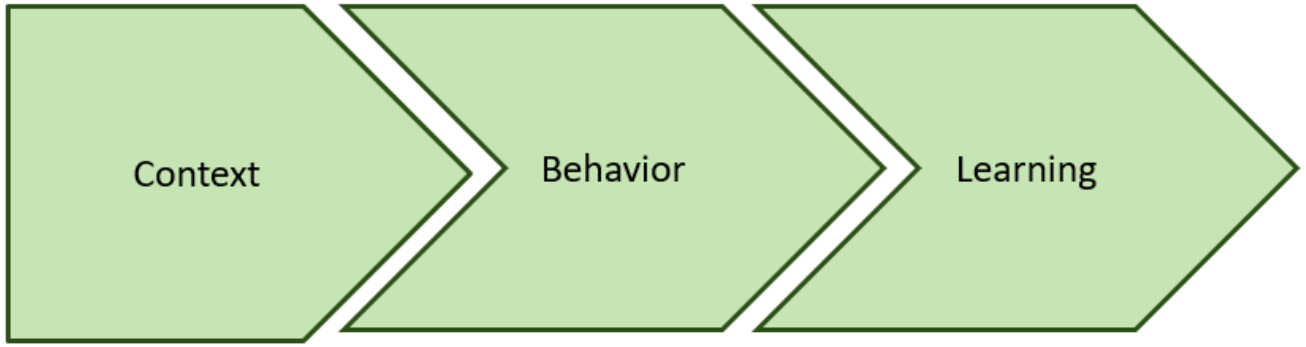
Fluid Loading



- Providing access and encouragement to drink preferred liquids.
- The more opportunity to practice the skill, the better!

Fluid Loading





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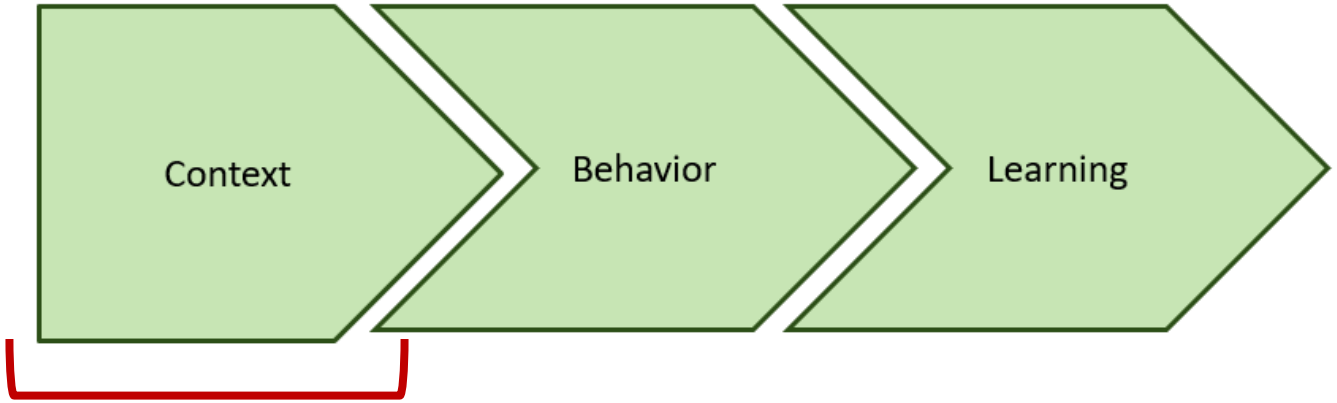

Sit Schedules

Level	Time Between Sits
1.	5 min
2.	10 min
3.	15 min
4.	25 min
5.	35 min
6.	45 min
7.	60 min
8.	90 min
9.	2 hours

- Increase likelihood to “catch” the void in the toilet.
- Gradually increase time between sits.

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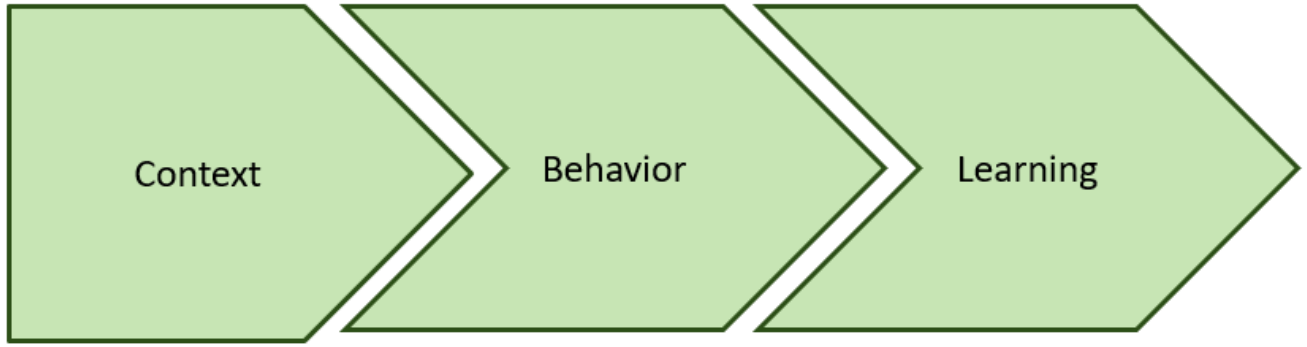

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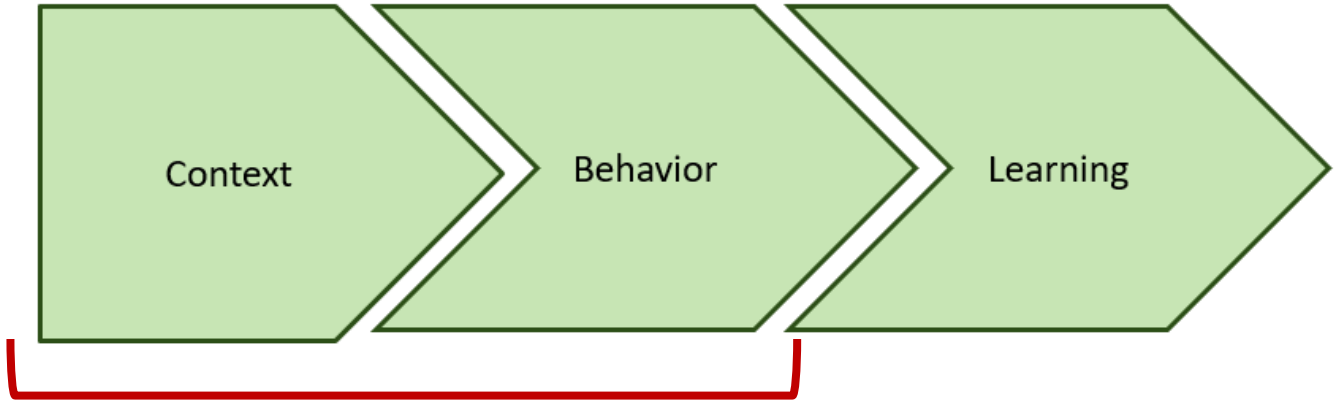


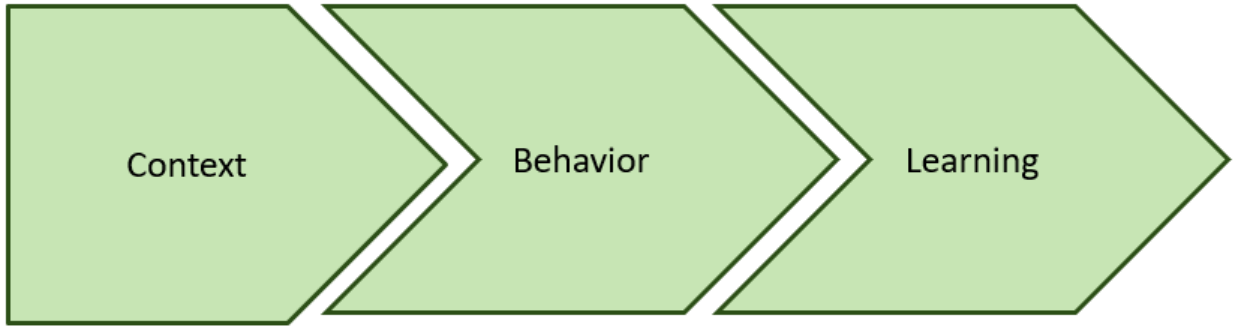
Underpants



- Remove association with urinating off of the toilet.
- More uncomfortable to keep playing in wet underpants than in a wet pull up!

Underpants





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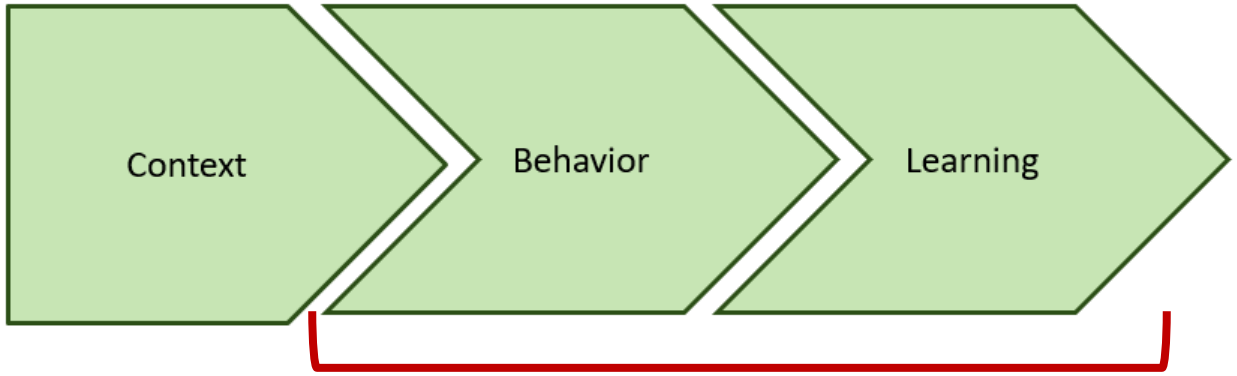


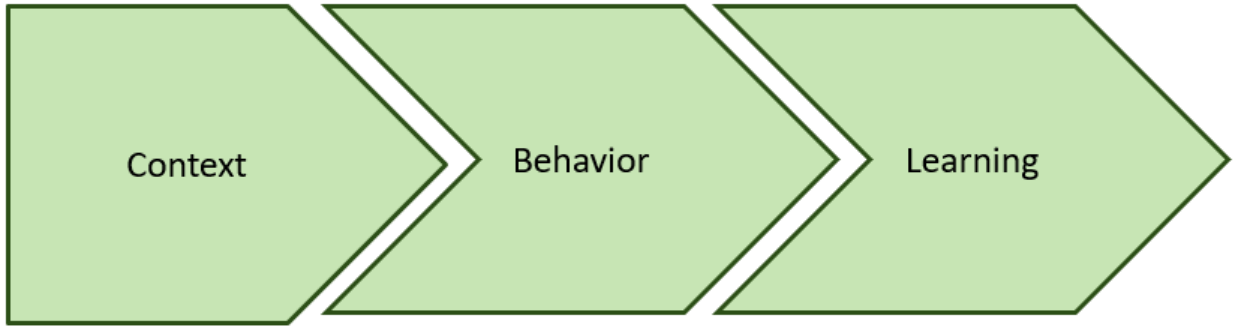
Rewards



- Provides motivation that may not come naturally.
- The most impactful rewards will be reserved for potty training **only**!

Rewards





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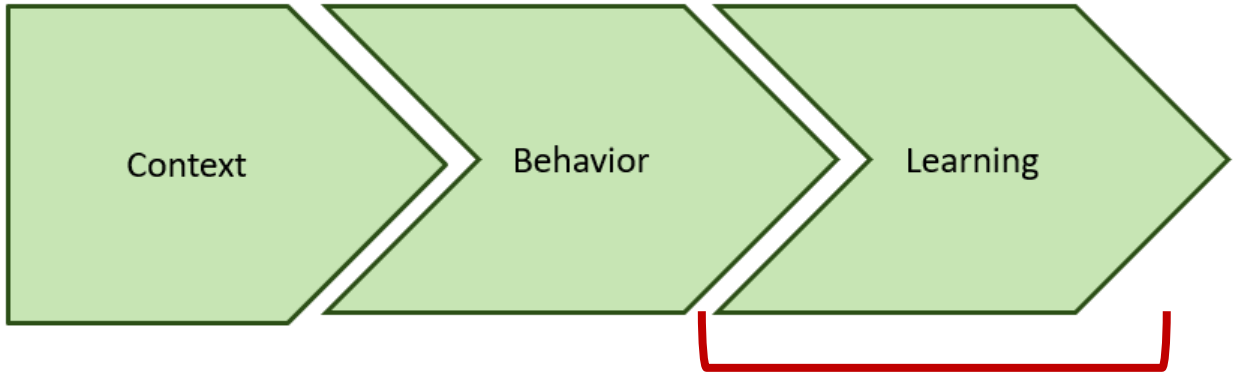



Potty trained for urine!



Potty trained for urine!

But… what about bowel movements?

Generalization Challenges

- Only about 40% of children diagnosed with autism spectrum disorders and other related developmental disabilities become bowel continent as a result of intensive urine training[1]



[1]Lomas Mevers, Muething, Call, & Scheithauer (2019)

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- Specific intervention often necessary for treatment of encopresis (bowel incontinence)



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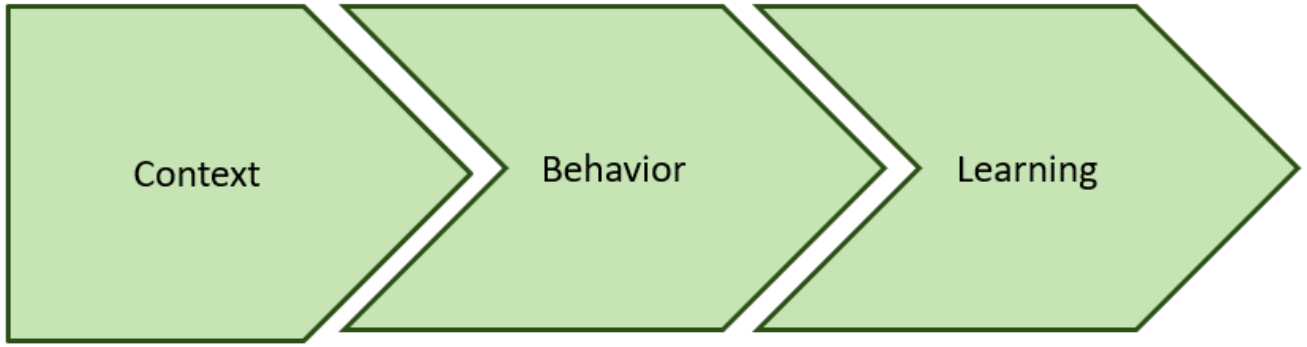

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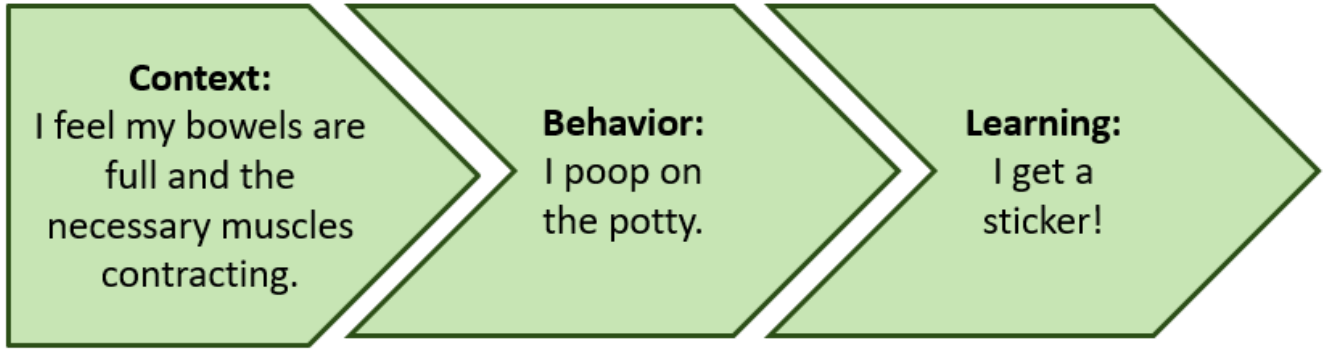

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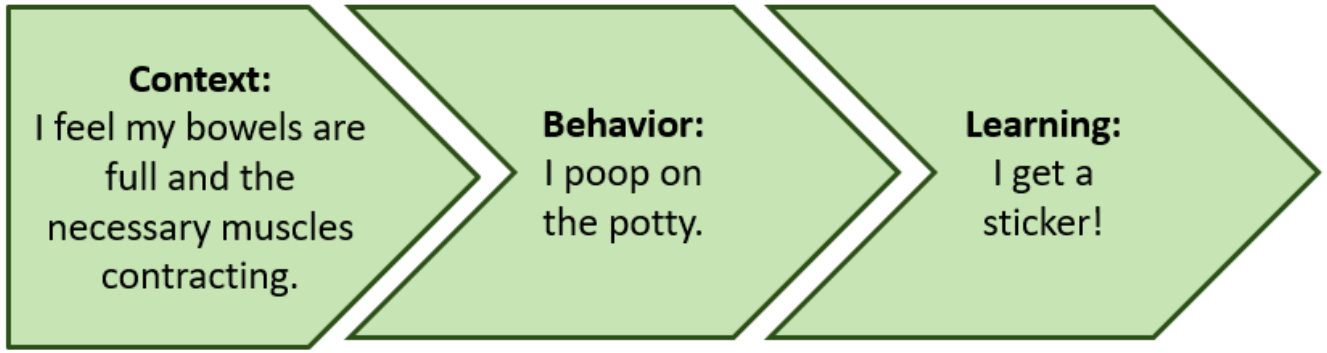

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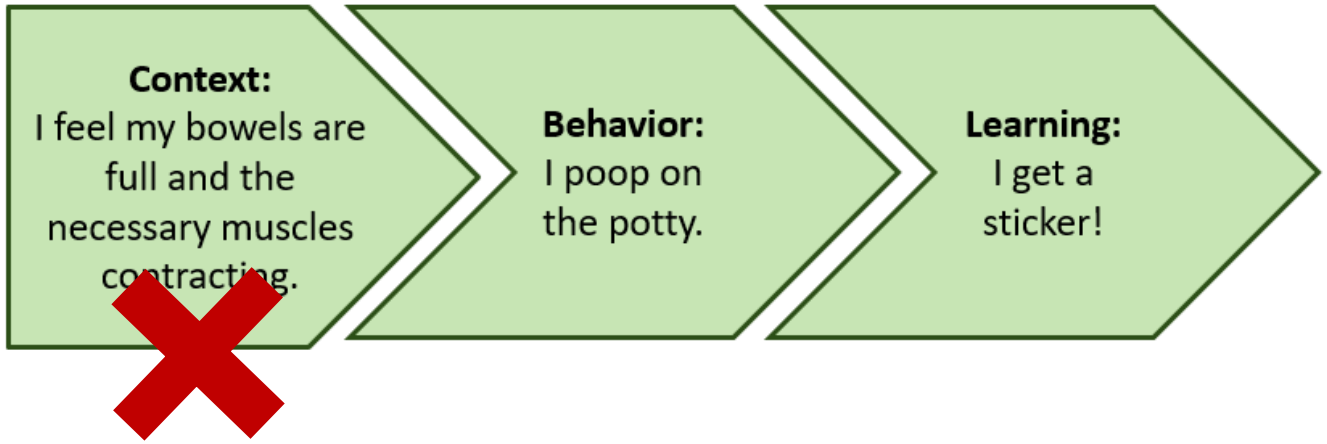

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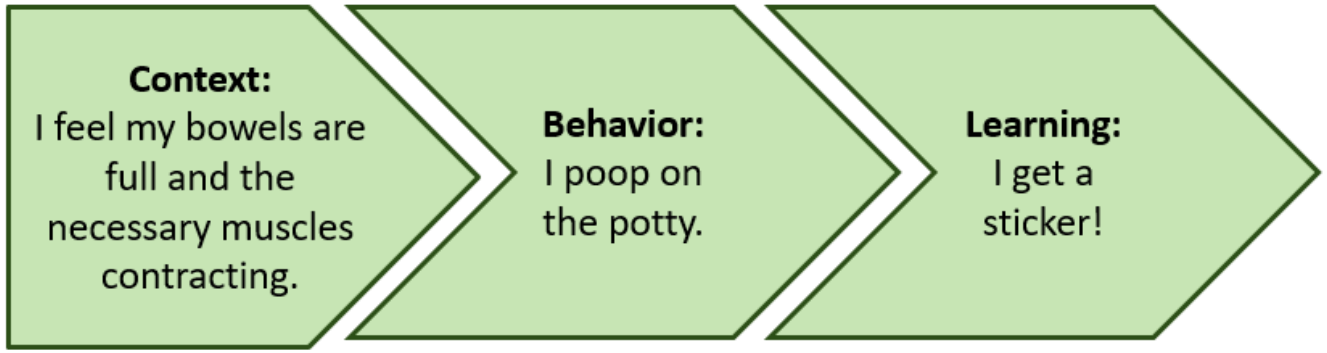

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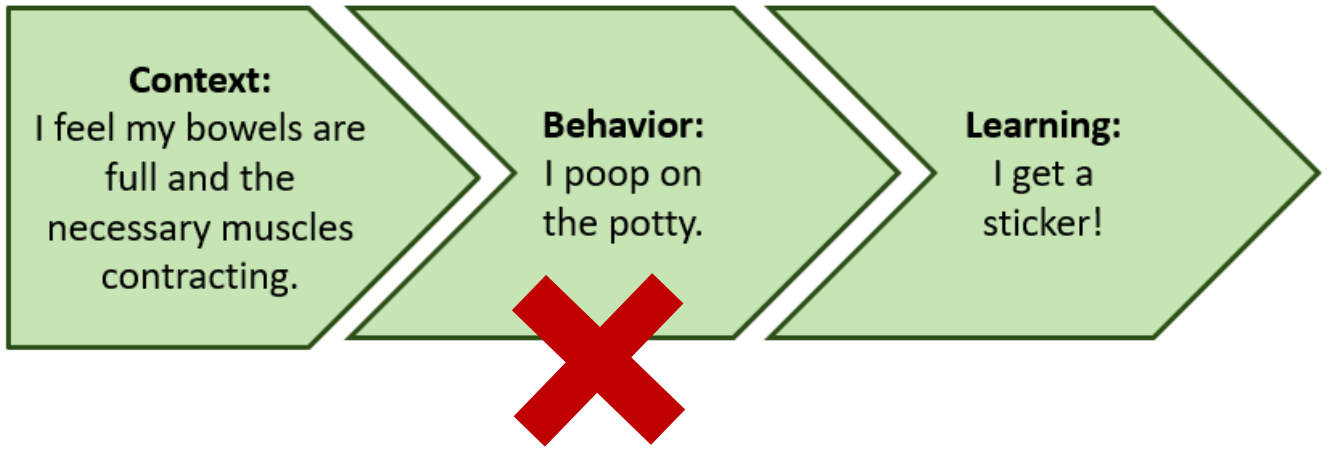

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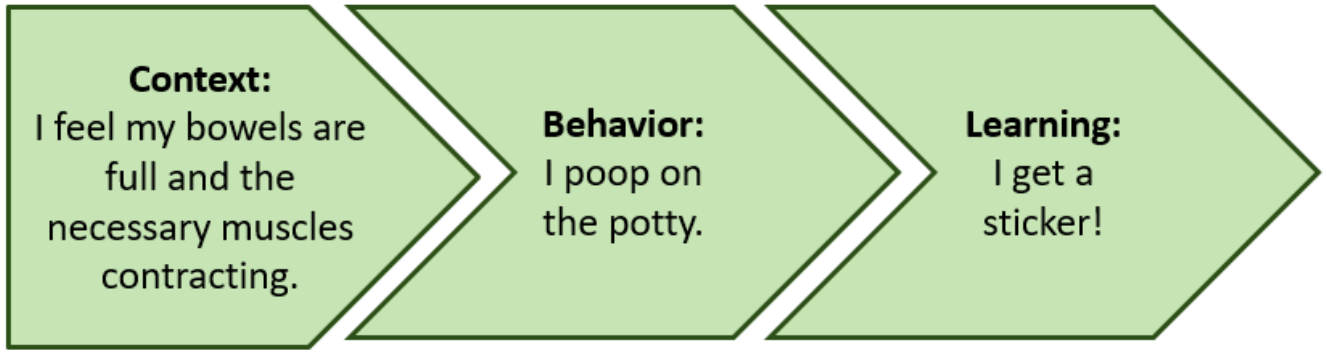

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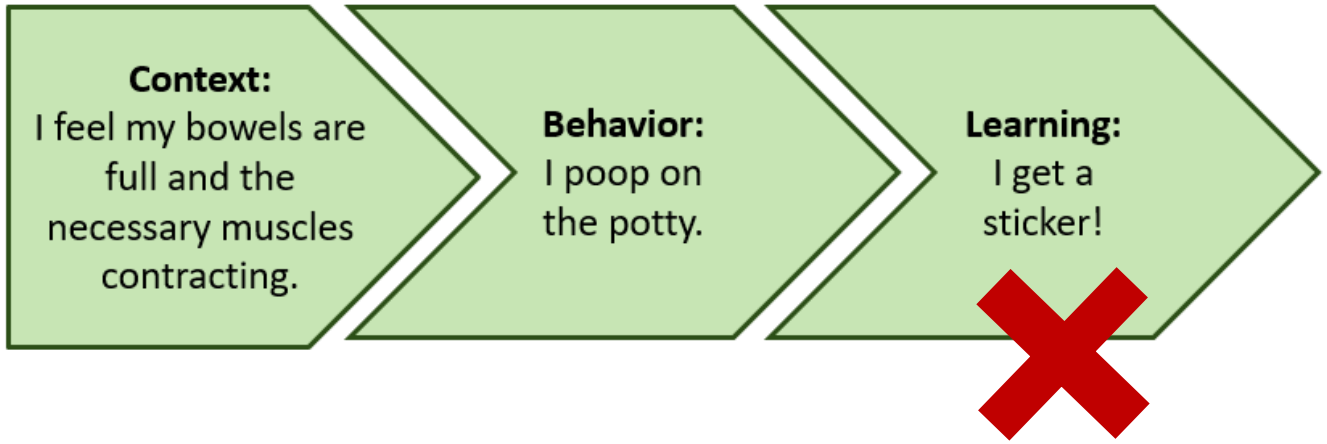
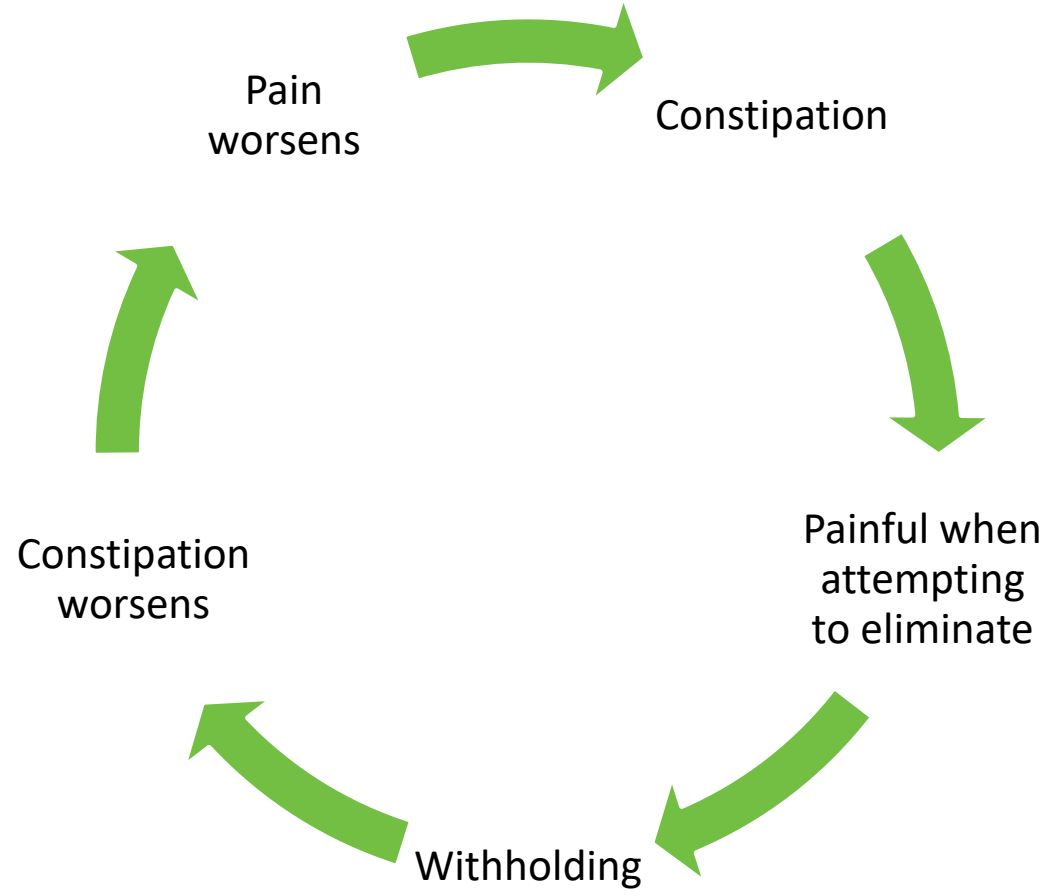


Constipation Challenges



Medical Treatments for Bowel Incontinence



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- Medication support through use of laxatives or enemas

Medical Treatments for Bowel Incontinence



- Recommendations for punishment procedures

  (e.g., loss of privileges)

Multidisciplinary Intervention

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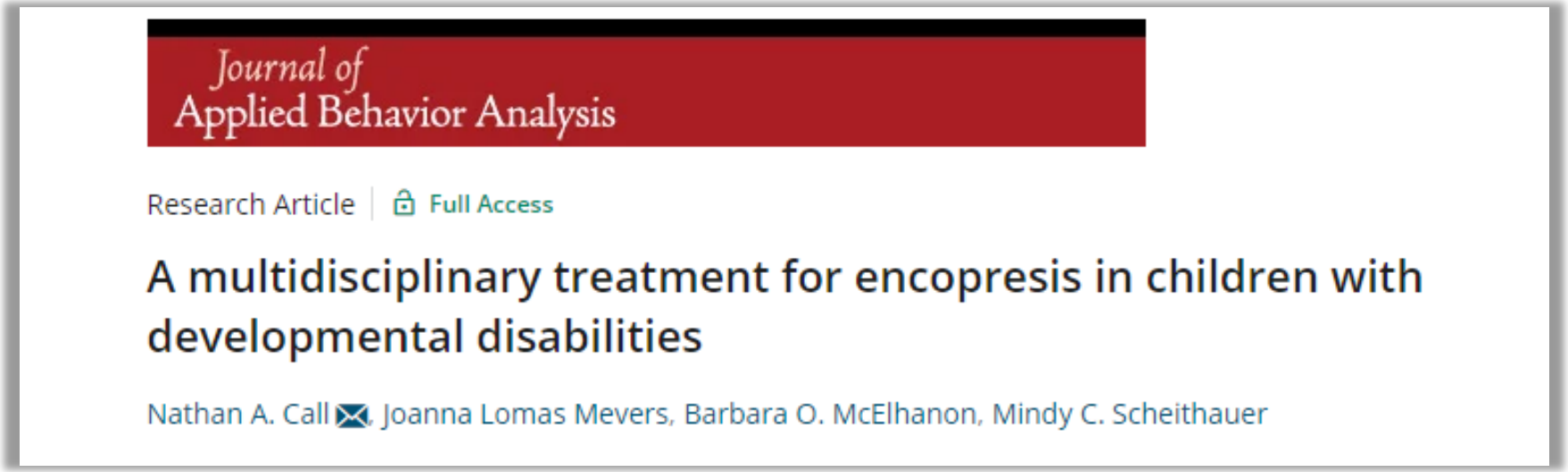

Multidisciplinary Intervention

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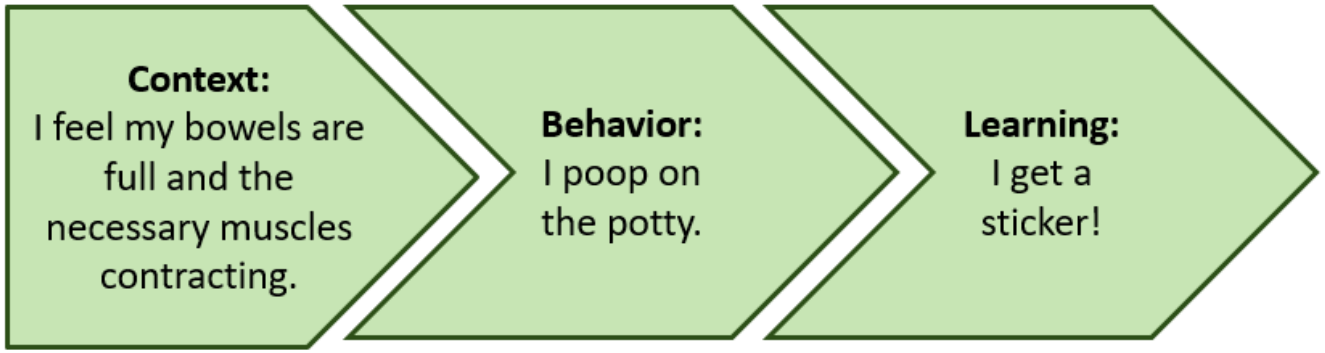
Behavioral Approach



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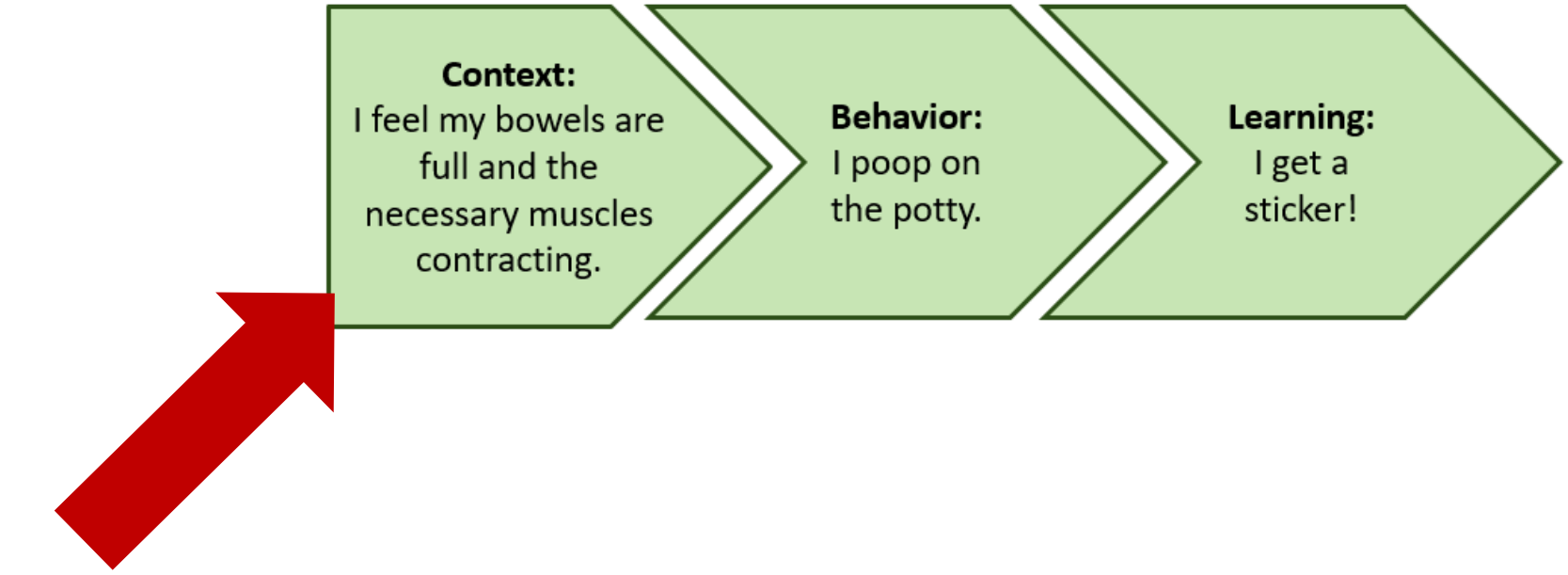

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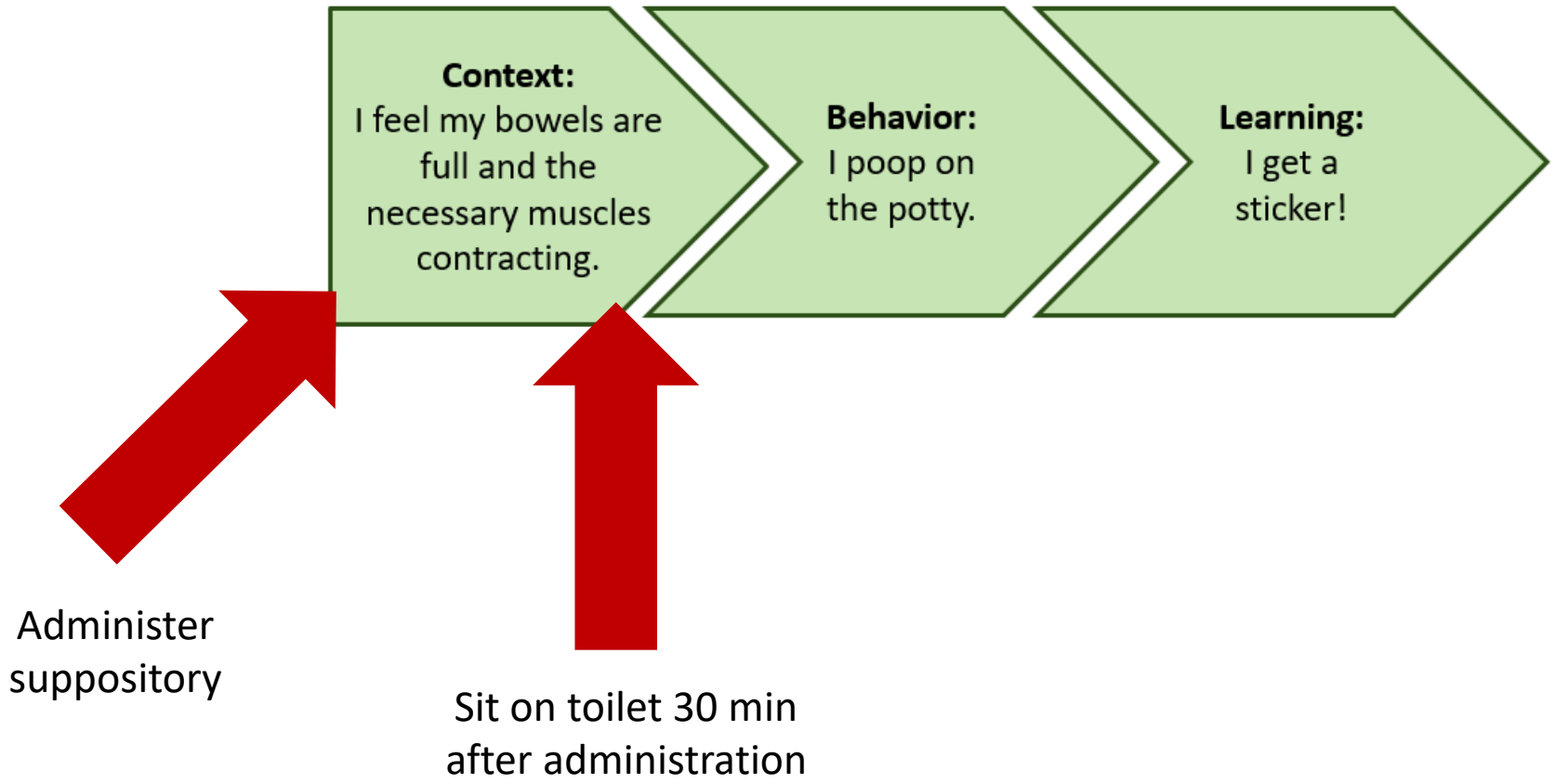


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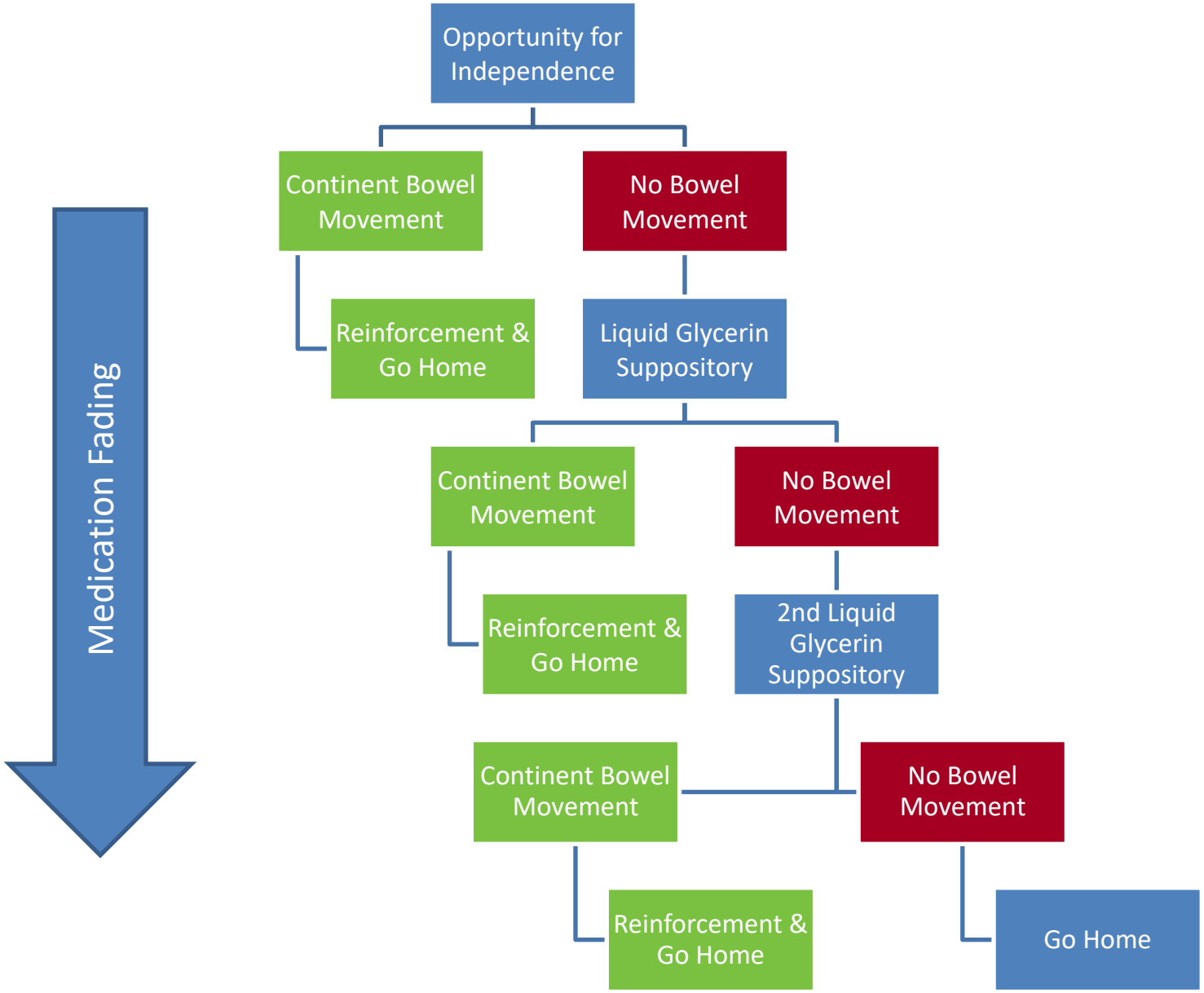
Bowel Movement Training Program

What is the Bowel Movement Training Program?

This is a two-week program that offers interventions designed to treat bowel incontinence. Your child will attend the program in the clinic for up to three hours a day for approximately 10 days. You are required tc be present for training before discharge. Interventions include the use of suppositories, reinforcement and consistency. Your child must obtain clearance from a medical doctor prior to starting the program. In addition, you will be required to collect data prior to clinic appointments. This program is best for children who are not having urinary accidents, but whohave a history of constipation or are not having regular bowel movements in a toilet.




Medication Fading
Opportunity for Independence
Continent Bowel Movement
No Bowel Movement
Reinforcement & Go Home
Liquid Glycerin Suppository
Continent Bowel Movement
No Bowel Movement
Reinforcement & Go Home
2nd Liquid Glycerin Suppository
Continent Bowel Movement
No Bowel Movement
Reinforcement & Go Home
Go Home

Considerations

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- **Suppository Administration**
  - **Follow guidelines**
  - **Seek professional support from GI doctor as needed**



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- Suppository Administration
  - Follow guidelines
  - Seek professional support from GI doctor as needed
- **Consent and Assent**
  - **Discuss process with learner**
  - **Try multiple comfort strategies**



Considerations

- Suppository Administration
  - Follow guidelines
  - Seek professional support from GI doctor as needed
- Consent
  - Discuss process with learner
  - Try multiple comfort strategies
- **Comfort/Safety**
  - **Sit on toilet for 10, stand for 1 min**
  - **Provide toilet seat**
  - **Provide stool for feet elevation and stability**



Considerations

- Suppository Administration
  - Follow guidelines
  - Seek professional support from GI doctor as needed
- Consent
  - Discuss process with learner
  - Try multiple comfort strategies
- Comfort/Safety
  - Sit on toilet for 10, stand for 1 min
  - Provide toilet seat
  - Provide stool for feet elevation and stability
- **Acceptability and Feedback**
  - **Caregiver who implements**
  - **Learner**



Thank you!

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