



TURN AUTISM AROUND
WITH DR. MARY BARBERA

Transcript for Podcast Episode: 034

Autism and Potty Training | Toilet Training Tips for Kids with Autism

Hosted by: Dr. Mary Barbera

You're listening to the Turn Autism Around podcast, episode number 34. I'm your host, Dr. Mary Barbera, and I'm thrilled to have you listening. This episode is all about potty problems in children and adolescents with autism. A lot of times the potty problems don't actually stop once the potty-training period is over. So today we're talking all about that.

Before we jump into the content like usual, I'm going to read a five star rating and review that I found on iTunes from Katie Craig who said, "As a BCBA student, I'm really enjoying this podcast. The information is really helpful and a wonderful variety of topics. A great resource for both parents and professionals." So thank you, Katie. I do love it that there are students here learning with us; with professionals, seasoned professionals, as well as parents, and that's one of my main missions is so that everyone learns together and collaborates as much as possible so that each child can reach his or her fullest potential. So let's jump into the content on potty-training and lingering potty problems in kids and even older kids and even adults with autism.

Welcome to the Turn Autism Around podcasts for both parents and professionals in the autism world who want to turn things around, be less stressed, and lead happier lives. And now your host, autism mom, behavior analyst, and bestselling author, Dr. Mary Barbera.

So many of you know that in addition to being a board certified behavior analyst, I'm also a registered nurse and I have a PhD, and I'm the mom of Lucas and Spencer, and Lucas recently turned 23 years of age. So I just celebrated quote unquote celebrated 20 years in the autism world. But since this episode is all about potty-training I do want to just clarify that this is not medical advice. It's not behavioral advice. All of my content, my free content, podcasts, video blogs, even my online paid courses are for informational purposes only. As professionals out there that are listening understand that it is not ethical or legal for me to give medical or behavioral advice to individual clients who I have not observed. I've not reviewed any videos. So this is all for informational purposes only, and only a trained professional who evaluates your child can really give you guidance and professional advice.

But I do think that my mission is to help turn autism around and people say, what? What does that mean? Turn autism around? It means to have each child reach his or her fullest potential and continue to reach his or her fullest potential. So I am all about that and if you have potty

problems, no matter if you have a two year old or a 20 year old, potty issues are going to definitely affect the child and the family's quality of life. And we're going to get all into that and hopefully give you some great strategies if you have any issues with toileting.

So I'm not just a registered nurse. My whole career in nursing was with neurologically impaired patients such as patients with strokes, head injuries, spinal cord injuries, brain tumors. And I also worked... In addition to working at the University of Pennsylvania Hospital, I worked at McGee Rehab where I worked with multidisciplinary teams like speech pathologists and PTs and OTs. We had team goals and our main goal there were to increase independence, to teach people how to learn, to talk again, how to learn to walk again or feed themselves. And so I... and toileting was a large part of what we did as well. So I do think that because of my nursing background, the daunting task of toilet training, potty-training my two boys was not a huge deal. I mean, it was hard. It was hard to toilet train Lucas and I was waited a while because nobody was really giving me guidance on potty-training him. They were telling me to wait until I had better instructional control and he had better language and ability to understand and so forth.

So I waited until he was four and a half and I toilet-trained basically Spencer and Lucas at the same time. Spencer was three, just turned three, and Lucas was four and a half when I potty-trained both of them. I also had waited because Lucas was going to get his tonsils out. And so there was a couple of months there where I just thought, let me wait until his tonsils are out and then I will tackle potty-training. So after I potty-trained both my boys... I'm bad with math but you know, say 2000, 2001, then I went on to become a board-certified behavior analyst in 2003. And so I was working with kids who needed to be potty-trained and really my whole career has, has involved potty issues. In 2007 when I wrote my book, *The Verbal Behavior Approach*, I dedicated a full chapter, chapter number 11, to potty-training. And it still holds true.

There are a couple of things in the chapter that if I were writing it today, I would take out like positive practice, which I'm going to talk about a little bit. But besides that, I think the chapter's still a really good compiling of how I trained Lucas and the basics of how I've gone on over the past 15 years to train other kids to use the toilet and to tackle these lingering potty issues that are a problem. So I don't have a standalone workshop or potty-training course, at this point at least. And we're talking, it's now the summer of 2019. I'm not saying that that will never happen. That definitely might happen, but I believe that if you have a toddler or preschooler who needs to be potty-trained and you're having some problems, it is one of the many problems you're having.

If you have a newly diagnosed child or child who's showing signs of autism, potty-training is one of the 10 big things that you're worried about that you're trying to teach your child. And so I believe... And then if you have an older child, we had one of my participants in my online course, she took my toddler preschooler course for her younger son and then she took my verbal behavior bundle for her older 11-year-old son. And she told me that he, after 11 years, her big win for that day was that he had his first bowel movement on the toilet in 11 years. And

so that's why I don't really think a standalone potty-training course is what you need if you're struggling because for an 11-year-old who's not potty-trained, who has his first bowel movement on the toilet, which is awesome, there are lots of other areas and everything is really intertwined, you know, problem behaviors and compliance and language and understanding and working through task analyses to wash your hands, pull up your pants, dressing by motor...

There are so many things that are part of potty-training and dealing with toilet issues that I would suggest that if potty-training is one of the many issues you're struggling with, that you consider joining my online courses and communities. And you can start by just attending a free online workshop at marybarbera.com/workshop. But today I am going to give you the advice I do have two bonus videos on potty-training. One is on basics of potty-training and another bonus video within my online courses is called Almost Potty-Trained for Lingered Problems that a lot of kids face once they're potty-trained. So we're going to talk about that. I'm going to give you some free resources to get you started and then we'll go from there.

So we all probably understand... And I'm gonna use potty-training, toilet training very interchangeably. You know, when kids get older the tendency is to call it toilet training versus potty-training. But I find that when people search potty-trained, that searching for potty-training is much, much higher than toilet training. So I kind of use potty-training more now these days. So we all know why potty-training is important. It's, you know, wedding and soiling diapers results in a significant amount of time, energy, resources. It does impact school placement options and access to childcare. You know, it's really tough to get a babysitter that's willing to change a diaper on a five-year-old, let alone a 15-year-old. And it can interfere with social acceptance.

I know for my family even though Lucas was toilet trained pretty much by, you know, four and a half, five, for urine... And then he had some bowel movement issues where he would, you know, have bowel movements in a pool or hide behind the sofa and, and have a bowel movement in his underwear. I mean, those kinds of things that if a child is pooping in the pool that's embarrassing. And that's not embarrassing to Lucas. Lucas doesn't understand embarrassment, but it's embarrassing to me. It's embarrassing to his brother and to his father. So... and it's, you know, a health risk. That's the other thing is like, because of my nursing background, I understand how body fluids, urine, and bowel movements, you know, contain... It's not sanitary. It is a big deal if someone is pooping in their pants. It is a big deal.

And I've heard horror stories of, you know, professionals kind of blaming it on the parents or like, potty-training is a home thing and just kind of, it needs to collaborate. It's a bodily function that happens all day and all night and you know, it's not home's job or school's job. We need to work together to get each child to reach their fullest potential, which includes collaborating with potty-training and I'm going to give you some tips on how to do that.

So determining readiness: are there really prerequisites? Yes and no. We do need to consider the child's chronological and developmental age. So if somebody joins my online course and

starts talking about a two and a half year old that's got all these issues, not talking, not imitating, won't sit at the table, and not potty-trained. Well, they're two and a half chronologically and developmentally they, they seem very young, like nine-month-old, 12-month-olds, you know, those kinds of functioning levels. So potty-training for two and a half year old or even three year old who is very delayed is kind of... I wouldn't recommend it. I wouldn't recommend tackling potty-training as your first thing.

However, there are other prerequisites like... or not really prerequisites but readiness. Is your child noticing when their diapers are wet or soiled? Is there an interest in the bathroom and the toilet and handwashing and dressing? Does the child move away or hide to have bowel movements? That's actually a pretty good sign because it's not just like they're just going and oblivious to the whole thing. And the child, it would be better if the child has regular bowel movements and does not soil their diapers through the night. I know some children with autism have major GI problems and have diarrhea and constipation, and we're going to talk about that as well in a little bit. So these are some of the, you know, if they don't soil at night and they have regular bowel movements, preferably every day, twice a day would be even better. It's not ideal if the child is constipated.

So let's talk about a couple of books that I... One book that I read very early on that most behavior analysts here listening would be like, yeah, that's what we do. That's the book I read, and that's what we do. So the book is called Toilet Training In Less Than A Day, and it's by Richard Foxx. Well, it's actually by Nathan Azrin and Richard Foxx and it is 1972, I believe... 1974 book. It's sold over 2 million copies at least in this edition, which I bought many years ago. So it's probably in higher millions of copies sold. And for those of you that don't know, Dr. Azrin and Dr. Foxx, are both behavior analysts with PhD's. They, you know, really spearheaded a lot of the toilet training literature. This is not a book for children with autism. This is a book using ABA Principles, behavioral modification principles, because it was back in the 70s to train mostly, typically developing kids quickly in a day.

So a couple of the issues is that this is back in the 70s when this was written, you know, the idea is that you, one of the ideas is that you put a child in underwear only. You kind of hoist up their shirt and you know, so that you can see if they have an accident or not. And we used this approach for Lucas. We used this pretty much this approach when training Lucas. But now we're, you know, two decades almost after training Lucas, and I'm a behavior analyst, and I'm a nurse and times have changed. I've seen public school staff who have taken this book and said, okay, we're gonna, you know, toilet-train Joey who's eight years old in a public school classroom and he's going to be an underwear only. And he's gonna be partitioned off and you know, having an eight-year old walking around a room even with some privacy barriers in a public school setting is just not really appropriate anymore.

You know, looking at their underwear, certainly touching their underwear to see if it's wet. I mean those, we have so many issues right with that whole thing. So kids in public schools and even private schools, you know, you can get advocates, other parents, other kids going home telling their parents that Joey was in his underwear. So that is something that's changed over

the past two decades. That's just so... That is kind of out for older kids. If you're potty-training in the home with a three-year-old and you know, very... it might, it might work, but I see a lot of problems with that.

The other big thing in the book is a procedure called positive practice, which I talk about briefly. That's how we got Lucas potty-trained for bowel movements. After I called Dr. Foxx on the phone, cause I had met him early on, and he recommended that we do positive practice. And it is a punishment procedure. It involves having the child have the accident, and then taking them back and forth to the potty as a punishment. That is not allowed. Punishment procedures are not allowed in public schools, at least in my state. And again, it can just get us into a bind, and now newer studies have shown that you can potty-train without positive practice. So my procedures are definitely different from Dr. Foxx and Azrin's... not to say that they were wrong. That is, you know, this is the book Toilet Training In Less Than A Day is the book that most behavior analysts follow. But my thought is we need to progress with the times now and we need to consider all the factors. And especially with punishment procedures and wearing underwear and focusing on any negativity. So that is a big thing.

The other book that I read that was recommended several years ago, but you know, I already consider myself a potty-training expert for sure, and then somebody told me to read this book. So this book is called, It's No Accident and it is by Dr. Steve Hodges, who's an MD and he's actually a pediatric urologist. So urologists, pediatric urologists, deal with urine issues. But It's No Accident is basically Dr. Hodges talks about how it is all constipation, holding of stool, and pee accidents, poop accidents, it is all caused by our diet; our western diet fiber deficient. And he also blames potty-training too early and irrational demands and priorities. So a lot of preschools to get into a three-year-old class, you need to be potty-trained. And that is a barrier or a daycare to move up to preschool B is, is a potty-training requirement. So there's a lot of demands put on kids, even typically developing kids. But when you have autism then the stakes are even higher.

So he is saying that even when... So he has a clinic down south somewhere around like North Carolina. This is an excellent book, It's No Accident. And he was saying that 90% of kids that come to his clinic, the parents fill out the form, they say the child is not constipated, and 90% of the time they are actually constipated. If they are having poop problems, pee problems, nighttime wetting, holding stool, not going for five days in a row, needing, you know, medicine to go, they are most likely fully impacted and constipated. And so, yeah, so this is a great book. He does recommend a medicine over the counter medicine called MiraLAX to clean kids out and to keep them clean.

Some of the clients that I've worked with, again, this isn't medical advice, it's just like he's recommending MiraLAX which is over the counter. One of my clients who felt that MiraLAX wasn't, was kind of toxic for her daughter found a supplement that is similar to MiraLAX called Aloe Vera that again is over the counter.

So you'd have to work with your doctor or whoever is recommending healthcare practitioner in order to... He recommends like doing an X-ray to see if the child is impacted and not just saying no, they're not constipated. So that's another reason why I don't agree with positive practice is you could be doing a punishment procedure. Meanwhile, the child is impacted with stool. It's never their fault. Accidents or holding or anything, but it is quite medical and I think behavior analysts who read a 1974 book and are just, you know, determined that that's the protocol they're going to use probably need to get up with more of the current research.

Okay. So prior to potty-trained, say you have a two and a half-year-old and is not ready for potty-training. But you can do a couple things prior to potty-training to get your child kind of more ready. And that is to keep their diapers clean and dry frequently. So you want to be checking them every hour or two, making sure they're not sitting in wet diapers or sitting in the stool. You can comment, you're very wet and you could and should I believe, put your child on a small potty or on a toilet with a ring seat so they don't fall in. I would put them there in the morning, at bath time, at night. A couple of times a day just to pair it up that this is where we pee and poop.

What happens sometimes with kids with autism is like people say, well, they're not ready, so we're putting that little potty away. And then when they are ready, say at three and a half, four and a half, then you get out the little potty and then it's like world war two has erupted because the child won't sit; the potty's not paired. And so I believe that even little babies who can sit, you know, 18-month-olds or one-year-olds even to put them on a little potty just to pair it up, just to be like, oh, this is where we pee-pee is fine.

The other point that is a mistake I see frequently is that boys are often taught to stand to pee and then when they get to pooping, it's like World War II to make them sit. So I advise strongly that boys need to sit to pee at least until they're fully bowel trained. This is a mistake I see a lot and this is the number one thing when you have an 11-year-old who pees on the toilet but poops in his pants or in a diaper because they are not taught to sit. And if you're not taught to sit and relax, then a lot of times the bowel movements happen by accident and this is a problem.

So, okay, say your child is ready and you're gonna try to tackle this. I do have a tool kit that I produced years ago. I hopefully will update it in the near future. But if you go to Marybarbera.com/potty you can get this toolkit for free, but you want to select a good time to initiate training. Usually bladder control, urine comes first to get trained... The newly diagnosed period, as I said, is not really ideal. And you wanna look for preferably at home. Say you're going to tackle this and you're the parent or even if you're in an autism school and you're going to tackle it at school first and then generalize to home, which is totally fine. You want to pick like a two-week chunk where the child's not going to be... Like if it's at home, the child's going to be off. So maybe summertime or a week or two over Christmas break, something where you're going to get some momentum.

And you can definitely train at school and at home, but it just needs to be collaborative. You also want to look ahead to the next couple of months, maybe two or three months. If you're moving, if you're having another baby, if the child's getting his tonsils out like Lucas was, it might not be worth it to start and stop. And maybe many of you listening have had a lot of false starts with potty-training and a lot of, you know, we tried, it didn't work. You know, I've worked with kids that are 16 and not potty-trained at all. And when I, you know, tried to investigate like, was this ever attempted, it's just like a lot of false starts.

So you want to make a plan so that it's not just a false start; you actually can follow through. So as I said, home is usually more ideal than school, but if it's a going to be done at both home and school, I suggest that, you know, we need to communicate and that there's a toilet training manager, especially if there's multiple environments. So really ideal. Say you're in a private school for kids with autism and you're gonna, you know, do this at school. Say Amy's the teacher or a person that's gonna basically take charge of it at school. Maybe Amy could then visit the home and talk about the steps that mom can take at home and how this is gonna work.

Consistency is the key. The team needs to agree on words to use. You know, it's just so simple. Like, are we going to use potty or are we going to use toilet or bathroom? I know we have people from all over the world listening, whatever, you know, words people use. Are we gonna say pee-pee or urine or poop? These words need to be discussed and decided so that everybody's consistent. We need to decide on a schedule. Most kids are scheduled, trained before there's any spontaneity and requesting we need to decide on reinforcers. You know, some people give an M&M, some people don't want to talk about food and bathroom at the same time. You know, some kids are really tough.

I remember I had a 12-year old that I was trying to potty-train and you know, he was just really, he had no language. He had really few skills and really few reinforcers. So I'm like, you know, what could we do? Just have him sit on the potty or if he peed, you know, what could we reinforce with? Is there anything that he kinda goes really happy about? And I remember the staff sitting around and whispering, well, no, no, don't tell her that. Don't. I'm like, what is it? What is it? I need to know reinforcers. And they said, well when it rains, when people bring in their umbrellas or put up their umbrellas, he gets really excited. I'm like a travel umbrella. That's perfect. You could open it up and twist it around three times and that's his reinforcement for peeing on the potty. And then the little travel umbrella could be kept in the bathroom. So nothing's off the table. And we'd sometimes need to be really creative. And if it can be liquid reinforcers like an ice pop or four ounces of juice, that's even better because that kind of goes with one of our other steps, which is extra drinks.

So before we get into extra drinks though, so if the child can pee and then consume then we're kind of getting two for one there. Okay. So before we get to the extra drinks step is sometimes we can use books. Like I used to use this book and it came with a video too, it was called Once Upon A Potty For Him. And I think they have it for her and they had this little doll, which I mean, Lucas didn't really understand the doll, but he liked the book and he liked the video. And so you know, the part that Lucas really liked about the video was, you know, they had this little

character boy jumping around and going pee-pee on the potty and whatever. And then after the character cartoony thing was over, then they had this doctor come on, he's like, I'm Dr. Smith and potty-training are the most important... You know, and Lucas liked that part, he like the boring doctor talking, which was crazy when we're talking about...

There's also some potty apps now, which back two decades ago there was no such thing as cell phones, so I couldn't use that. But there's a see me go potty app. There are other apps that are, that are totally great. There's an app, I forget the name of it, where, you know, you would call, like you would push the button like, oh, Johnny went pee-pee and then it would be like an automated like this person was facetimeing you, great job going potty, you know. And so there are a lot more things you can do now with your cell phone and apps and potty-training, uh, motivation. So the umbrella can't be like, oh, I got to go out to the classroom.

I got to, you know, find an umbrella. Like it needs to be immediate. It usually needs to be tangible and it has to be rewarding to the child. Like, and the only way to really tell if it is enough of a reinforcer is if the behavior goes up, not if the child smiles. Like people jump too quickly to, like sticker charts or whatever for peeing. It's like that's probably not going to do it. Even if the child smiles, if the peeing on the potty is not going up, it's not enough of a reinforcer, so remember that.

Diapers, pull ups, underwear, what should we use? Like, so in Dr. Foxx and Azrin's book Toilet Training In Less Than A Day, they were like very clear that it had be underwear, and once the child initiated one time there was no going back to any diapers or pull ups. But I have found as a parent and as a consultant in homes and in schools that it's just not realistic to have kids peeing and pooping on sofas and on chairs and on bean bag chairs. It's a mess. And it's not sanitary as a nurse. There's ecoli, if the child has any hepatitis or aids or anything, you should not be taking bodily fluids lightly. Right. So I am not really a big proponent of going with underwear on day one.

If you do, if you can kind of quarantine the situation where you're in the kitchen with gates and the child's in their underwear and they're in the safety of their home and you know, you can do it for like a two hour chunk of time where you put the child in the, you know, sometimes putting a child in underwear and having them wet themselves is all it takes to make it be like, oh, I don't like that feeling. I'm gonna, you know, go on the potty.

But I am okay with underwear, with pull ups on top or waterproof pants, especially if you want to try to take the child out somewhere. You do not want to be dragging your child around in underwear and then you'll have to clean up the car seat and the couch and you'll have to get new rugs. It's just a mess. So I am not against using other things as you toilet-train. It might take a little bit longer, but it will be more stress... It will be less stress either way. You want to make sure that the pants that child's wearing during potty-training can be easily taken down by them. No buttons or snaps or anything that is cumbersome.

Getting to the extra drinks. So you want to get a child on a schedule, you want to do extra drinks because we'll be working on potty-training for like a two or four hour period usually is what I recommend. And you want to have a consumption of, you know, four ounces of fluid an hour. Or if the child's bigger, I mean you can't just load a small little child with a ton of fluid, but you want to have extra drinks going so that you have more practice trials, more practice, more need for pottying. And then more, you know, awareness if there is an accident. And the schedule I think should be one to two times an hour. Tell the child it's time to go to the potty or the bathroom. Use the word bathroom when training a child. I usually recommend over five if you're starting the training cause transitioning from potty to bathroom is sometimes hard. And then have them say the word potty or bathroom if they can or sign it with a fist up with a thumb through the fist. And so that kind of, it doesn't really get them to initiate. But if you say it's time to go potty, say potty, or sign potty, and you give them a sign, then it's almost like you're practicing manding or initiating for that potty too.

And the child should be heavily reinforced if he urinates or has a BM, certainly. Some children just need reinforcement to pair up the potty, to go in the bathroom to sit down. I mean, if you get screaming when a child enters the bathroom, then you can't even attempt to potty-train until you get the situation repaired. And that's going to take a lot of desensitization. Again, that's covered in my online courses, my, my verbal behavior bundle. So if you have a child that's screaming or having aggression in the bathroom or peeing and pooping in his pants or in a diaper and they're older, then you've got other issues that also need to be tackled.

So I would highly recommend that you visit Marybarbera.com/workshop. Learn more about my online courses and community. You want to, whatever you do when you're doing the schedule, whether it's just reinforcing them for sitting, reinforcing them for peeing. And that can change. You know, initially, you might be just reinforcing them for sitting and trying. Then you're going to reinforce them more strongly, use differential reinforcement. So if they do sit and pee, they get more reinforcement. If they sit and poop, they get, you know, a lot more reinforcement because we want to use that differential reinforcement that is so powerful. And then in addition to scheduled training, extra drinks, we want to, if possible, take some kind of data. And this could be, you know, if you're at home alone and it's just you and your child and you're a parent, it could be keeping data on a calendar, which I have a video blog about how to do that.

It could be simple as just on a loose-leaf how many times you went, how many times he actually peed. The other thing, even if you're not ready for bowel movement training, it is a good idea to start writing down the times you have bowel movements, whether they're in a diaper or potty or wherever they are because we want that consistent. If the child is consistently pooping after dinner we want to take advantage of that when it is time.

There are two reflexes: the ortho clinic reflex and the gastrocolic reflex that are important for bowel movements. Usually people have a bowel movement after when they... First thing in the morning after they wake up. So the Ortho when upon standing, and then the other time is after a meal. That's the gastrocolic reflex. And so if you're going to try to get the child toilet trained for bowel movements, then we're going to have to be aware of when that is happening and if

there's any problem with constipation or even if you think they're not constipated, I would totally read this book, It's No Accident. It really was a game changer for me even as a potty-training expert.

And if you're at a clinic or a school, I would highly encourage you to take really good data, graph the data, do phase change lines, because when parents and professionals get like, oh, this isn't working, but if you graph out the data, you can show them actually it is working or it's not working. Okay, let's come up with a different plan. As I said, I have two bonus videos in my verbal behavior bundle. One is on the basics and one is on almost potty-trained which covers lingering issues that a lot of older kids with autism face.

The first issue is not being fully trained for bowel movements. They're there waiting or requesting a pull-up or diaper. And even if you're going to potty-train during the day, a lot of times we don't tackle nighttime training until later. So the child will get a diaper and then they'll poop. Or if some kids ask for diaper and... you know, I get requests or questions, well, should I give him the diaper again? You know, it's not like a quick, oh, just give him a diaper, because they're eight or they're 11 like we need to work on this. But as not your behavioral analysts, I can't really tell you what to do. But in the bonus video within my course, I go over more. One of the things, the ways to prevent not being fully trained for bowel movements is to have boys sit on the toilet to pee.

Number two, failure to... so say you're listening and you're like, I have an 11-year-old who stands to pee and doesn't poop on the potty, on the toilet. So now I'm, you know, I'm already down the path. Now how do I do it? So in that respect, I would have them pee. And then I would, especially at those high probability times, have them sit on the potty, maybe set a visual timer for five minutes or have it be part of the routine. Like after dinner they're going to sit on the potty, they can pee standing up cause that's what they're used to. And then they sit on the potty for 10 minutes while they have their iPad and try to poop and then you can, you know, start incorporating that, start making it like really high reinforcement if they do poop.

Okay. So not fully trained, failure to wipe, which I cover in this bonus video as well. Failure to initiate request potty and not independent with the whole routine. So again, this is short, it's getting to be a long podcast, but we can't cover all of the issues, but those are the most common issues for older kids that are basically toilet-trained but still have lingering issues. And then nighttime training is like a whole different animal that sometimes takes systematic work. Sometimes you can kind of get it for free and it all works out. But how long should this whole process take? It should take days, weeks or months, but not years. And if you are having false starts or you're having lingering problems, you need to... or maybe there's a regression with toilet training, you need to go back, assess, make a plan and collaborate with home and school to get the child back on track to get them fully potty-trained. Because I do believe that being fully potty-trained and independent with toileting is one of the really important skills in life and it will make the child's life better, and it will make the family's life better if we can get this issue tackled as soon as possible.

So if you would like more information about potty-training, I do have a free resource at marybarbara.com/potty. And if you'd like to learn more about joining my online course and community, go to Marybarbara.com/workshop for a free workshop. I hope you found this podcast helpful. This is episode number 32 so if you want to refer anybody to listen to this episode, have them go to Marybarbera.com/32 to listen to this podcast and hopefully it will help you, whether you're a parent or professional, tackle these issues and get children to reach their fullest potential, which is totally my goal. So have a good one and I will talk to you next week.

Thanks for listening to the Turn Autism Around podcast with Dr. Mary Barbera. For more information, visit Marybarbera.com.