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**Aniva Kartika**

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Dean

Faculty of Psychology Universitas Indonesia

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PARALLEL SESSIONS SCHEDULE

Day 1: 15 <sup>th</sup> September 2017								
Session	Room	Time	Track	Moderator	Name	University	Title	
1	Burgundy 1A	11.00-12.00	Psychology and Education 1	Patricia Adam, S.Psi., M.Psi., Ed.M.	Arum Puspitarini	Universitas Indonesia	Effectiveness of Reading Fluency Intervention through Reader's Theater Strategy to Increase Reading Self-Efficacy in Student with Learning Difficulty	
					Rizki Mustika	Universitas Indonesia	The Effectiveness of Reciprocal Teaching and Buddy Reading to Improve Metacognitive Strategies of High School Students with Reading Comprehension Difficulties	
					Melly Latifah	Universitas Indonesia	The Use of Metacognitive Strategies in Reading, and their Influence on Reading Comprehension of Junior High School Students in the Upland Region of Java	
	Burgundy 1B	11.00-12.00	Psychology and Education 2	Dr. Dewi Maulina, M.Psi	Dewi Kumalasari	Universitas Indonesia	Effectiveness of Behavioral Skills Training (BST) Program to Improve Personal Safety Skills for Down syndrome Adolescent with Mild Intellectual Disability	
					Tika Dwi Ariyanti	Universitas Indonesia	The Effectiveness of Social Learning Theory (SLT) for Improve Care Skills During Menstrual Periods in Adolescents with Mild Intellectual Disabilities	
					Nuwansa Eka Putri	Universitas Indonesia	Social Stories and Video Self-Modeling to Increase Slow-Learning Preschooler's Emotion Regulation	
	Burgundy 2	11.00-12.00	Mental Health 1	Dra. Yudiana Ratnasari, MSI	Fitantyo Eka	Universitas Indonesia	Art Therapy To Decreasing Negative Symptoms Of Outpatients With Schizophrenia	
					Amalia Risti	Universitas Indonesia	The Effect of Psychological Distress on Health Promoting Behavior Among Indonesian College Students	
					Utami Nurhafari	Universitas Indonesia	Mindfulness-Based Stress Reduction (MBSR) for Reducing Stress Among Informal Caregivers Of Schizophrenia	
	Burgundy 3	11.00-12.00	Mental Health 2	Lifina D, Pohan, S. Psi., M.Psi	Fathey	Universitas Indonesia	Relaxation Training as a Technique to Reduce Undifferentiated Somatic Form Disorder Symptoms: A Pre-post Intervention Evaluation in an Emotionally Distressed Adult.	
					Desri Alina	Universitas Indonesia	Stress Management Interventions to reduce the level of stress associated with the multiple roles of the wives of Indonesian Air Force officers	
					Mira Callandra	Universitas Indonesia	Psychosocial Support Program as a Buffer Against Psychological Distress among Woman Asylum Seekers	
	Burgundy 4	11.00-12.00	Industrial Organizational & Organization Theory 1	Dra. Bertina Sjabadhyni, M.Si.	Novianthi Dian	Universitas Indonesia	Affective Commitment as Mediator in Perceived Organizational Support and Turnover Intention Relationship: A Proposal for Human Resource Intervention	
					Kinanti alfisyahri	Universitas Indonesia	The Relationship between Perceived Organizational Support and Employee Turnover Intention in Division B at PT MI	
					Rahmadia Trisia	Universitas Indonesia	The Relationship Of Improving Intrinsic Motivation On Turnover Intention By Using Job Crafting Workshop For Employee At Division X PT ABC	
	Burgundy 5	11.00-12.00	Early Childhood & Development 1	Dra. Ike Anggraika, M.Si	Mutia Aprilia Permata	Universitas Indonesia	The Application of Behavior Modification Principle to Increase Compliance and Task-completion in a Child with Borderline Intellectual Functioning	
					Amatul Firdausa	Universitas Indonesia	Application of Shaping Technique to Increase Duration of On-Task Behavior in Children with Attention-Deficit/ Hyperactivity Disorder (ADHD)	
	2	Burgundy 1A	13.30-15.00	Psychology and Education 3	Prof. Dr. Frieda M. Mangunsong	Andhika Prakoso	Universitas Indonesia	Psychological Test Construction: Visualization Test Based on Cattell-Horn-Carroll (CHC) Theory of Intelligence for Majoring Purposes in Senior High School
Nuuresa Adhe						Universitas Indonesia	Intelligence Testing Construction: Perceptual Speed Subtest Based on CHC Theory for Senior High School Students	
Anita Dwinata						Universitas Indonesia	The Development and Validation of Indonesian Figural-Inductive Reasoning Based on CHC Theory of Human Intelligence for High School Student	
Ariestianto Waskita						Universitas Indonesia	Psychological Test Construction: Lexical Knowledge Test Based on Cattell-Horn-Carroll (CHC) Theory of Intelligence for Majoring Purpose in Senior High-School	
Burgundy 1B		13.30-15.00	Psychology and Education 4	Luh Surini Yulia Savitri, S.Psi., M.Psi	Kara Andrea	Universitas Indonesia	Increasing Emotion Regulation Skills with Dialectical Behavior Therapy Skills Training: A Single-Case Study of an Elementary School Student with Borderline Intellectual Functioning	
					Berlian Damenia	Universitas Indonesia	Enhancing Underachiever Middle School Student's Motivation and Self-Regulation in Learning Mathematics with Self-Regulated Learning Program	
					Rabi'atul Aprianti	Universitas Indonesia	CBT Intervention to reduce Anxiety in doing Social Interaction for bullying victim student	
					Efika Fiona	Universitas Indonesia	The Effectiveness of Emotion Regulation Skills System Training in Developing Emotion Regulation Skills for Children with Mild Intellectual Disability	
Burgundy 2		13.30-15.00	Mental Health 3	Lifina D, Pohan, S. Psi., M.Psi	Sonia Utari	Universitas Indonesia	Effectiveness of Selfhood Builder Program to Improve Selfhood for A Six Years Old Child	
					Dewinta Larasati	Universitas Indonesia	Acceptance and Commitment Therapy (ACT) to Reduce Caregiver Strain in Mothers Who Have Children with Autism Spectrum Disorder (ASD) Single case experimental design on four informal caregivers of children with ASD	
					Dewa Ayu	Universitas Indonesia	Teaching Self-Dressing Skill Behavior In A Child With Moderate Intellectual Disability And Low Vision With Backward Chaining Technique	
					Yasmine Nur Edwina	Universitas Indonesia	Total-Task Presentation as a Technique to Develop Self-Drinking Skills: A Pre-post Intervention Evaluation of an Autistic Child with Intellectual Impairment	
Burgundy 3		13.30-15.00	Mental Health 4	Dini Rahma Bintari, S. Psi., M.Psi	Lia Mawarsari	Universitas Indonesia	Single-Case Design: Using a Developmental-Relationship Based Approach to Improve Joint Attention in a Child with Autism.	
					Ayu Pradani Sugiyanto	Universitas Indonesia	Social Anxiety and Internet Addiction: Self Reflection For Designing Intervention Module	
					Patricia Yuannita	Universitas Indonesia	A Woman with Anxiety's Symptom: Did a Diary Help to Reduce it?	
					Catharina Sri Indah	Universitas Indonesia	Cognitive Behaviour Therapy for decreasing anxiety in haemodialysis patient single-case of late adulthood woman	
						Erka Hutama	Universitas Indonesia	A New and Brief Inventory: Social Anxiety Scale

			14.45-15.00			Vitriyanti Sukarno Karyo	Universitas Indonesia	Case study: Effectiveness counseling, progressive relaxation, and writing a diary to reduce General Anxiety Disorder (GAD) in Universitas Indonesia Collage Student	
	Burgundy 4	Industrial Organizational & Organization Theory 2	13.45-14.00	Dr. Alice Salendu, MBA, M.Psi.		Rizkiana Shadewi	Universitas Indonesia	The Impact of Knowledge Sharing Behavior on Innovative Work Behavior Enhancement through Community of Practice Activity Among Consultant at PT. XYZ	
			14.00-14.15			Glory Yosephina	Universitas Indonesia	Relationship between Perceived Organizational Justice to In-Role and Extra-Role Behavior with Information Sharing Program for Employee at X Company	
			14.15-14.30			Hendiananta Ginting	Universitas Indonesia	Enhancing Relationship of Perceived Organizational Support to Extra-Role Behavior Employee with Performance Feedback Workshop for Supervisor at PT X	
			14.30-14.45			Dimas Sayyid	Universitas Indonesia	How to Survive in Uncertainty Environment: The Role of Transformational Leadership and Knowledge Sharing Behaviour	
			14.45-15.00			Dian widawati	Universitas Indonesia	Why Organizational Climate isn't working?: The effect of Transformational Leadership on Innovative Work Behavior	
			Burgundy 5			Urban, Community Development and DRR 1	13.45-14.00	Agnes Nauli, S.Psi., M.S.	
	14.00-14.15	Regina Keyni		Universitas Indonesia	It's not me, it's the road, but mostly me: The effects of gender and hazardous situation on risk perception and risky riding behavior				
	14.15-14.30	Kevin Febriano Bukit		Universitas Indonesia	Should I Go Right When Everybody Goes Left? Gender, Risk Perception, and Risky Riding in Hazardous Situation Among Motorcyclists in Indonesia				
3	Burgundy 1A	Psychology and Education 5	15.30-15.45	Prof. Dr. Frieda M. Mangunsong		Hidayati	Universitas Indonesia	The Development and Validation of Associative Memory Intelligence Test Based on CHC Theory for High School Students	
			15.45-16.00			Dariatus Sadiyah	Universitas Indonesia	Construction of Intelligence Test Subtest of General (Verbal) Information for High School Students	
			16.00-16.15			Debby Mardianti	Universitas Indonesia	Working Memory Capacity Test for High School Student: The Development and Validation	
			16.15-16.30			Elok D. Malay	Universitas Indonesia	Predicting Academic Achievement Using Intelligence Test: Is It Still Relevant? (A Longitudinal Study on One of Prominent Public Boarding School in Indonesia)	
	Burgundy 1B	Mental Health 5	Dini Rahma Bintari, S. Psi., M.Psi	15.30-15.45			Alfath Hanifah	Universitas Indonesia	Application of Emotion Acceptance-Based Intervention in Patient with Depression and Alcohol Abuse
				15.45-16.00			Mega Tala	Universitas Indonesia	Cognitive-Behavioral Intervention for Substance Abuse (CBI-SA) for increasing social skills in substance abuse user: single-case of young adulthood man
				16.00-16.15			Linda Setiawati	Universitas Indonesia	Brief Cognitive Therapy for College Students with Depression Symptoms: A Case Study
				16.15-16.30			Dharmayati Utoyo	Universitas Indonesia	Feasibility Study of Cognitive Behavioral Therapy Intervention for Mild Cognitive Impairment on Indonesian Older Adults
	Burgundy 2	Industrial Organizational & Organization Theory 3	Dr. Alice Salendu, MBA, M.Psi.	15.30-15.45			Ajeng Wilutantri	Universitas Indonesia	The Influence of Psychological Empowerment on Turnover Intention by Appreciative Inquiry Workshop in Divisi X PT MI Employee
				15.45-16.00			Muzdalifah Irene	Universitas Indonesia	The Relationship between Employee's Perceived Organizational Justice and Turnover Intention in PT X: Information Sharing Program as an Intervention
				16.00-16.15			Nurhayati Fajar Muslimah	Universitas Indonesia	The Relationships between Employee's Perceived Organizational Support and Turnover Intention by Coaching Optimization at PT X
				16.15-16.30			Nuri Aprilia	Universitas Indonesia	Relationship of Psychological Empowerment towards Turnover Intention with Positive Feedback Program on Employee in PT X
				16.30-16.45			Mezza Limanda	Universitas Indonesia	Relationship between Employee Readiness for Change, Psychological Capital, and Perceived Organizational Support
	Burgundy 3	Early Childhood & Development 2	Dr. Sri Redatin Retno Pudjiati Azhar	15.30-15.45			Tri Iswardhani	Universitas Indonesia	The Implementation of Resource Development and Installation (RD) to Adolescent with Non Suicidal Self Injury (NSSI)
				15.45-16.00			Luh Surini	Universitas Indonesia	The Implementation of Social Skills Training for Improving Social Skills of an Adolescent with Peer Relationship Problems at School
				16.00-16.15			Addina Ayuningtyas	Universitas Indonesia	Effectiveness of Hand Puppets Story Telling to Increase Kindness in Children 3-5 Years Old
				16.15-16.30			Dessy Pranungsari	Universitas Ahmad Dahlan	The Impact of Great Mom Great Children Training To Improve Young Street Mother Stimulation Skill
	Burgundy 4	Urban, Community Development and DRR 2	Dicky C. Peluussy, Ph.D	15.30-15.45			Avianto Amri	Macquarie University	Enabling children as agents of change to increase household disaster preparedness
				15.45-16.00			Karsiyati	Universitas Indonesia	Disaster Preparedness and a Psychosocial Support Baseline Study in Communities Affected by Eruption of Mt Sinabung in Karo District (North Sumatra, Indonesia)
				16.00-16.15			Lucky Winara	Universitas Indonesia	Decreasing Aggressive Behavior On Adolescent In Johar Baru Through Pro-Social Behavior Training, Anger Management Training And Self-Talk
				16.15-16.30			Rami Busyra Ikram	Universitas Indonesia	ACT (Acceptance and Commitment Therapy) Approach in Group Therapy to Alleviate the Overweight Preoccupation in Universitas Indonesia Student
				16.30-16.45			Maki Zaenudin	Universitas Indonesia	Reducing Absenteeism on SMK KJ Student in Johar Baru with Academic Delay of Gratification Training
	Burgundy 5	Urban, Community Development and DRR 3 (panel discussion)	Dr. Bagus Takwin, M.Hum	15.30-15.45			Mira Noor M.	Universitas Indonesia	The Impact of personal and social processes in disengagement terrorist
				15.45-16.00			Gazi Saloom	Universitas Indonesia	Civilian Military Training and Preparation for Jihad: Role of Psychological Factors and Ideological Factors in Indonesia
16.00-16.15				Whinda Yustisia			Universitas Indonesia	Can Intergroup Contact Reduce Support for Violent Jihad?	
16.15-16.30				Wahyu Cahyono			Universitas Indonesia	The Use of Internet in Radicalization: Social Network Analysis on Stage Radicalization	
<b>Day 2: 16<sup>th</sup> September 2017</b>									
4	Burgundy 1A	Psychology and Education 6	08.45-09.00	Dr. Dyah Triarini Indirasari, MA		Andromeda	Universitas Negeri Semarang	Catastrophizing Tendencies And Stress In Predicting Prymary Dysmenorrhea at Students Of Semarang State University	
			09.00-09.15			Eva Septiana	Universitas Indonesia	The Relationship between Moral Emotions of Shame, Guilt, and Moral Identity Among Undergraduate Students in Indonesia	
			09.15-09.30			Khairunisa Damayanti	Universitas Indonesia	Psychological Test Construction: Quantitative Reasoning Test Based on Cattell-Horn-Carroll (CHC) Theory of Intelligence for Majoring Purpose in Senior High-School	

Burgundy 1B	08.45-09.00	Psychology and Education 7	Farida Kurniawati, M.Sp.Ed.,Ph.D.	Windy Hana	Universitas Surabaya	Effectiveness of TEACCH Implementation to Enhance Self-Reliance in Resolving Classroom Assignment in Children with Autism
	09.00-09.15			Firsta Andrina	Universitas Indonesia	The Effectiveness of RAP (Read, Ask, Put) Strategy to Improve Functional Reading Comprehension for Student with Mild Intellectual Disability
	09.15-09.30			Wahyu Priyono	Universitas Surabaya	Toilet Training Module For Parents of Children with Autism
Burgundy 2	08.45-09.00	Mental Health 6	Dr. Fivi Nurwianti	Edo S. Jaya	Universitas Indonesia	Why are there people with psychosis and people without? Is it all because of genetic and vulnerability factors?
	09.00-09.15			Novie Indriani	Universitas Indonesia	The Effectiveness of Mindfulness-Based Stress Reduction to Reduce Breakup Distress in Young Adults
	09.15-09.30			Martin Herdiansyah	Universitas Indonesia	Systematic desensitization ,Áuin-vivo exposure,Áu for specific phobia earth worms
Burgundy 3	08.45-09.00	Mental Health 7	Adhityawarman Menaldi, M.Psi	Kantiana Taslim	Universitas Indonesia	The Application of Positive Parenting Program's Principles to Reduce Lying Behavior in Adolescence with Parent-Child Relational Problems
	09.00-09.15			Fadhilah Amalia	Universitas Indonesia	Using Group Therapy to Resolve Social Adjustment Problems of Sojourner Students at Universitas Indonesia
	09.15-09.30			Inez Kristanti	Universitas Indonesia	Behavioral Intervention for Supporting Smoking Cessation and Treating Insomnia in an Elderly Woman Living in Nursing Home: A Case Study
Burgundy 4	08.45-09.00	Early Childhood & Development 3	Mita Aswanti, M.si	Arinta Adyanti	Universitas Indonesia	The Effectiveness of Psychoeducation to Increase Maternal Knowledge about Parental Mediation in Early Childhood Television Viewing Activity
	09.00-09.15			Diah Arum Witasari	Universitas Indonesia	The Effectiveness of Training on Four Interaction Key Aspects to Develop Mother and Early Childhood Children Interaction
	09.15-09.30			Siska Konda A.	Universitas Indonesia	Psychoeducation of Reproductive Health as Self-Protection from Sexual Violence in Children 5-6 Years
Burgundy 5	08.30-09.45	Industrial Organizational & Organization Theory 4	Debora Eflina Purba, S.S., M.Si. Ph.D	Amalia Rahmandani	Universitas Diponegoro	Integrating Employability Framework as an Effort in Improving Self-Efficacy among Trainees of Vocational Training Institution
				Dhevy Puswiartika	Universitas Padjadjaran	Mindfulness Based Intervention to Reduce Stress Among Nursing Personnel on Undata Hospital Palu
				Samuel Adiprasetya	Universitas Sanata Dharma	Consumer Trust as a Mediator In Relationship Between Privacy Concern And Credit Cards Usage Intention In Indonesia Banking Industry
				Yulianti Argadinata	Universitas Indonesia	Perceived Organizational Support and Organizational Justice: The Contribution to Job Satisfaction in an Indonesian's Contact Center Organization

## The Development of Toilet Training Module For Parents of Children with Autism

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## **The Development of Toilet Training Module For Parents of Children with Autism**

*The problem of toilet training in children with autism is related to the ability of communication, self-adjustment, sensory integration and digestion resulting in developmental delay that is not in accordance with the ability of children in general. This study aims to develop a toilet training module to help parents overcome the lack of knowledge about the problems and techniques / learning methods of toilet training for autism children. The data collection in this research used observation, interview, and autism checklist. The results of dissemination showed that the three subjects (mothers) assessed that toilet training modules have met the criteria of the suitability of the appearance include images and appearances that support the contents of the material as much as 100% and the writing is easy to read as much as 66.6%. With the percentage of 100% - 66.6%, the three mothers also considered that the contents of this module are appropriate in terms of language usage, material content, sample conformity, theoretical benefits and solutions offered from the module. While the percentage of 100% -66.6% indicates that the exercises contained in the module is appropriate because the explanation of the material in modules 1 and 2 helps the mother fill out the checklist and work out the program of toilet training. Thus concluded toilet training module for parents with children with autism can provide knowledge about toilet training issues and practical guidelines to overcome them. The weakness in this study is limited to only be used for severe cases of autism.*

Keywords: Autism, toilet training, module for parents, research and development method

### **Introduction**

The skills of toilet training for children with autism are considered important compared with other autonomy. This is because the toilet training to train autism children independently perform the task of defecating and urinating so as to prevent children from being protected from sexual abuse in the future (Hidayat, 2008). Toilet training is also one of the main tasks in increasing independence at the development stage of children aged 18-24 months (Subagyo, 2010).

It is not easy to train toilet training for children with autism. This is because there are many problems both internally and externally. The problems of internal factors such as limited communication in understanding the words and instructions of people when performing the task of toilet training (Franklin and Turner, 2015). Another problem is related to the theory of mind which says that the autistic child's inadequacy understands what other people think or feel is visible to urinate in inappropriate places and do not have feelings of shame when removing pants / urination is out of place (Happe And Frith, 2006).

Another thing related to the problem of sensory integration in the tactile sensory area such as not feeling the wet / dirty sensation in the pants (Franklin and Turner, 2015). Children with autism also have the same risk as other children in the development of health conditions, such as constipation that negatively impact on toilet training. Less fiber and water consumption also increases the risk of constipation (Richardson, 2015).

In external factors due to the limited understanding of parents to internal factors that affect the difficulty of toilet training in children with autism. In this case parents are less knowledgeable about toilet training issues and solutions to overcome them (McStay, 2013).

This observer made an observation of 3 children with autism in SLB H who showed not yet independent toilet training skills at the age of 9-10 years. This is further strengthened by the severity of autism children with severe categories with limited general intellectual functions such as reasoning, problem solving, planning, abstractive thinking skills and academic learning as well as limitations of adaptive functions including both conceptual, social and practical areas at home.

Kroeger, and Sorensen (2017) published a comprehensive review of the toilet training literature on autistic and disabled children. Their study highlights that the majority of toilet training programs are modeled after Azrin. Some new advances in toilet training programs have been discussed. One of the most exciting advances is the increased use of video in toilet training training programs that provide not only an effective way of teaching for urination skills but also ways to be self-sufficient. A number of other advances in the toilet training program were also discussed, including the use of enuresis alarms, sit-down scheduling, diaper removal, communication training and dry checks

The solution to overcome the problem of toilet training of children with autism is given in the form of modules that are arranged to help parents obtain knowledge and solutions to overcome the problem of toilet training. The modules are arranged systematically and attractively covering the content of materials, methods and evaluations that can be used independently from behavioral changes. The module is also self-instruction by opening the opportunity to the reader to develop themselves optimally (Anwar, 2010).

The toilet training module developed by researchers has in common with previous research from Indayani (2015) on self-building. However Indayani's research (2015) addresses general self-building such as toilet training, hand washing, bathing, brushing, shampooing, dressing and eating. In this study focused on toilet training so that researchers more in depth discuss the characteristics of toilet training problems of children with autism, factors that influence toilet training, learning stages of children with autism during toilet training, the importance of family roles for the development of toilet training and solutions to overcome them.

With the preparation of the toilet training module is expected to improve the parenting skills when training children toileting autism. The role of parents in being an important factor because it is necessary habitual toilet training at home.

## **Methods**

### **Participant**

Participants in this study were mothers who had the following criteria: having children with autism, had never received training on toilet training. This research was done in special school "H", and sampling technique was using purposive sampling.

### **Research Design and Procedure**

The method being used in this research is research and development method. The gathered data are analyzed through descriptive quantitative analysis through by using frequency distribution. Here are some stages of research and development methods based on Sugiyono (2012) which includes:

1. The first phase of the study looks at the potential and problems that occur. Potential is anything that if didaya use will have added value. The potential of this research is the ability of toilet training autism children who do not develop independently. Problem is a deviation between hope and reality (what happened). The problem that arises from this research is the lack of parenting skills in overcoming the problem of toilet training for children with autism.
2. The second stage is to identify problems with data collection techniques using observations, interviews, and autism checklists. The observation data was then deepened with a questionnaire to parents about the parent's understanding of training the ability of toilet training for autistic children who later deepened with the interview.
3. The third stage is by designing the research module that produces the product in the form of module which contains the knowledge of toilet training, the handling and the program that can be done by the parents. The module is also adapted to the condition of children with autism with the level of weight.
4. The fourth stage with module validation on the practitioner that is a psychologist who has experience with children with autism. The result of this validation is a module design assessment that contains the weaknesses of the module and the suggestion that the researcher will use.
5. The fifth stage is the revision of the module. Based on the validation results by experts and practitioners, the module will be revised based on suggestions.
6. The sixth stage will be disseminated. The process of dissemination is done to find out whether the module can be practiced in accordance with the purpose of module compilation. The module will be socialized to the parent who then tested on the parents for the evaluation of its contents. Evaluation at this stage is done by the process of giving questionnaires or questionnaires to respondents to get criticism and suggestions for module improvement.
7. After the evaluation is done then in the seventh stage will be made improvements to the module before the module will be printed in the community.

The eighth stage is the revised module production at the seventh stage. Production of the module is done when the product has been tested and declared in accordance with the needs of the subject and so feasible to produce

### **Measures**

The measuring instruments used are observation, interview and psychological examination. Observation in this research is done to know toilet training skill of children by using check list. The observation check list was made by modifying and combining aspects of toilet training according to adaptive behavior task analysis checklist (ABTAC) from Matson, Dempsey, Fodstad (2009) and Noble (2014). Interviews were conducted to assess parenting skills in parenting, using an interview guide with aspects of interviews based on Parent-Child Activities from McKelvey (2009). Psychological examination to determine the diagnosis of autism, using Vineland Social Maturity Scale (VSMS), Childhood Autism Rating Scale (CARS), and Hannell Autism Checklist. Questionnaire to evaluate parental toilet training module is intended



for parents, so that they can assess modules that have been prepared according to their needs or not.

## Results

### Need Assessment Phase Results.

Based on the assessment results, there are several issues of toilet training for the autistic children both internally and externally. The problem on internal factors namely:

1. Communication limitations.

Subject JE, JN and R have a limited understanding of the child's language with the use of verbal instructions of 2-3 words repeated 2-3 times to 6-7 times.

2. Unfavorable social adjustment.

This can be seen from the condition of subject JE, JN and R who do not have feelings of shame when removing pants carelessly.

3. Digestive problems

Frequency of defecation experienced by subject JE that is 1 time in one week.

The three problems above have an impact on the development of toilet training skills of children that is not independent at the age of 9-10 years. Here are the subjects' toilet training skills at the moment.

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Please insert Table 1 about here  
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Please insert Table 2 about here  
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Please insert Table 3 about here  
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In addition to internal problems, the delay in toilet training for children with autism is also not separated from external factors. Their mothers are less knowledgeable about the causal factors of child training issues for autism children and their handling efforts. The researcher then drafted the interventions summarized in the toilet training materials below:

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Please insert Table 4 about here  
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The material is arranged based on the assumption of children and parents then module validation on the practitioner that is 2 people psychologist who has experience with children with autism. The results of this validation are assessments of appearance, content and module exercises. After validation then the module is circulated to 3 subjects for evaluation.

### Results of Module Evaluation

**a. Quantitative Evaluation of the module**

The overall appearance of the module is rated as appropriate and interesting which includes images and appearances that support the contents of the material as much as 100% and the writing is easy to read as much as 66.6%, as can be seen in table 5. This makes parents interested to read it.

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Please insert Table 5 about here  
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Table 6 showed that, with the percentage of 100% - 66.6%, the three mothers considered that the overall contents of this module were appropriate in terms of language usage, material content, suitability of samples, theoretical benefits and solutions offered from modules 1 and 2.

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Please insert Table 6 about here  
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With a percentage of 100% -66.6%, table 7 indicated that the exercises contained in the module are appropriate because the explanations of the material in modules 1 and 2 help the mother fill out the checklist and work on the toilet training program.

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Please insert Table 7 about here  
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**b. Qualitative Evaluation of the module**

Overall, table 8 showed that all three mothers assessed that the toilet training module for parents with children with autism is appropriate. This can be seen from the quantitative table 5, table 6, table 7 and qualitative table 8. The three mothers are also able to follow the dissemination process at each stage of the chapter of module by linking the ability of children's toilet training respectively. The condition of the three children has a similar problem of social adjustment, although each child has different problems such as removing pants not in place, not putting pants on a coat hanger, urinating not in the toilet, and not knowing the toilet men and women. This condition is in accordance with Theory Of mind (ToM) that children with autism are less able to understand the various emotions and perspectives of others (Happe and Frith, 2006). In interacting with others, autism children are not concerned with the judgment of people if they urinate in a place carelessly. They do not have feelings of shame to just be silent when in rebuke people.

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Please insert Table 8 about here  
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In terms of ability, the three children have different problems. The condition of JE children is more complex, especially when defecating. When compared with J and R children who defecate every day, JE children only 2 weeks and still often defecate in pants. In addition, JE children also often do not feel there is a sense of wet / dirty in the pants. This makes JE unskilled for spontaneous toilets when feeling defecated. This condition remains uncertain whether JE children experience digestive problems and sensory integration because it requires examination to the doctor and sensory integration experts.

Unlike JE children, JN children have a slightly better degree of independence than JE children. When defecating, JN child is able to spontaneously to the toilet especially when diarrhea. Mom also always get used to JN defecating in the toilet every afternoon. Another thing is related to the process of self clean after defecating and washing hands. Furthermore, compared with JE and JN children, children's toilet training skills are better because they are self-sufficient in some skills. Child R only has the problem of independence on social adjustment that is used to take off pants outside the toilet. To find out how far the parents apply the module, then the researchers did the follow up evaluation process. The evaluation of the follow up results was done based on the assignment given to the three mothers to develop a toilet training program which was then trained to the child. The program formulated by the three mothers is as follows:

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Please insert Table 9 about here  
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Follow-up evaluation is done 1 week after dissemination process. The results of the module indicate that the three mothers are still at the stage of recognizing the child's condition in the form of a habit such as removing pants or recognizing the emergence of new behaviors (remove all clothes) to familiarize children take off pants in the toilet. The three mothers also try to consistently train it for 1 week so that the purpose of children able to remove the pants in the toilet successfully achieved. In shaping new behaviors, one mother (mother I) also enacts punishment by eliminating pleasant things such as pulling a child from the comfort zone in the room while wetting the bed.

## **Discussion**

Based on quantitative data analysis it can be concluded that the toilet training module in children with autism is appropriate. In the module display component, the whole is very appropriate with the percentage 95.85% which includes picture and description, illustration that support clarity of exposure of material by paying attention to color, paper size and size of module paper to look attractive in the eye of participant.

In the content component, the overall parent feels that the content is very appropriate with the percentage of 92.71% which includes the contents of the module, language and writing, concrete benefits and examples. Meanwhile, for the training component contained in the module, the subject (3 mothers) considered that the material explanation is very suitable to help fill the checklist and the task of filling the checklist helps understand the condition of the child with the percentage of 95.02%.

Based on the above quantitative assessment shows that the display module that is very suitable to support the subject to understand the contents of the material. On the other hand the content of the material is very suitable to help the subject (mother) complete the task ordered in the module so that the toilet training module can provide feedback to see how far the subject (mother) understanding of the material delivered.

The quantitative data is also supported by qualitative data that is the module is able to answer the knowledge of parents to toilet training problems experienced by their children. The three mothers seemed able to follow the stages of dissemination in each chapter in the module and try to relate to the ability of the toilet training of each child. The end result of the dissemination process is each mother is able to determine the stages of toilet training skills that are currently controlled by their children and determine solutions to overcome these problems.

Thus it can be concluded that this toilet training module for children with autism can be used to overcome the lack of parental knowledge of the problem of toilet training for children with autism and how to overcome it.

Suggestions for Further Research is to develop subsequent toilet training module for moderate and mild cases of autism. The development of the module needs to be accompanied by case examples that is discussed in depth so that it can help other parents better understand the problem and how to handle it.

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**Table 1. Toilet Training Capabilities of Subject JE**

<b>Child's ability</b>	<b>Location of Pee</b>			<b>Location of bowel movements</b>		
	<b>Home</b>	<b>School</b>	<b>Public places</b>	<b>Home</b>	<b>School</b>	<b>Public places</b>
Go to the toilet.	Independent	Independent	Verbal Prompt	Physical prompt	Physical prompt	Physical prompt
Dress up.	Independent	Independent	Independent	Physical prompt	Physical prompt	Physical prompt
Take off and put the pants in place.	Verbal Prompt	Verbal Prompt	Verbal Prompt	Physical prompt	Physical prompt	Physical prompt
Sitting on the toilet.	-	-	-	Physical prompt	Physical prompt	Physical prompt
<b>Child's ability</b>	<b>Location of Pee</b>			<b>Location of bowel movements</b>		
	<b>Home</b>	<b>School</b>	<b>Public places</b>	<b>Home</b>	<b>School</b>	<b>Public places</b>
Cleaning yourself with water / tearing paper with just the right amount of toilet paper.	-	-	-	Physical prompt	Physical prompt	Physical prompt
Watering dirt.	Independent	Independent	Independent	Physical prompt	Physical prompt	Physical prompt
Washing hands.	Independent	Independent	Independent	Physical prompt	Physical prompt	Physical prompt

**Table 2. Toilet Training Capabilities of Subject JN**

Child's ability	Location of Pee			Location of bowel movements		
	Home	School	Public places	Home	School	Public places
Go to the toilet.	Verbal Prompt	Independent	Verbal Prompt	Physical prompt	Physical prompt	Physical prompt
Dress up.	Independent	Independent	Independent	Independent	Independent	Independent
Take off and put the pants in place.	Verbal Prompt	Verbal Prompt	Verbal Prompt	Physical prompt	Physical prompt	Physical prompt
Sitting on the toilet.	-	-	-	Physical prompt	Physical prompt	Physical prompt
Cleaning yourself with water / tearing paper with just the right amount of toilet paper.	-	-	-	Physical prompt	Physical prompt	Physical prompt
Watering dirt.	Independent	Independent	Independent	Independent	Independent	Independent
Washing hands.	Independent	Independent	Independent	Physical prompt	Physical prompt	Physical prompt

**Table 3. Toilet Training Capabilities of Subject R**

<b>Child's ability</b>	<b>Location of Pee</b>			<b>Location of bowel movements</b>		
	<b>Home</b>	<b>School</b>	<b>Public places</b>	<b>Home</b>	<b>School</b>	<b>Public places</b>
Go to the toilet.	Independent	Independent	Independent	Independent	Independent	Independent
Dress up.	Independent	Independent	Independent	Independent	Independent	Independent
Take off and put the pants in place.	Bantuan verbal	Bantuan verbal	Bantuan verbal	Bantuan verbal	Bantuan verbal	Bantuan verbal
Sitting on the toilet.	-	-	-	Independent	Independent	Independent
Cleaning yourself with water / tearing paper with just the right amount of toilet paper.	-	-	-	Verbal Prompt	Mandiri	Verbal Prompt
Watering dirt.	Independent	Independent	Independent	Independent	Independent	Independent
Washing hands.	Independent	Independent	Independent	Verbal Prompt	Verbal Prompt	Verbal Prompt



**Table 4. Toilet Training Materials**

<b>Assesment results of mother and child</b>	<b>Title</b>	<b>Sub Material</b>	<b>Goal</b>	<b>Indicator</b>	<b>Content</b>
I. Mother I, L & S have little knowledge about the causal factors of toilet training problem of autistic children and their handling efforts.	Knowledge of toilet training in children with autism	Understanding toilet training in children with autism	Mother has knowledge about toilet training in children with autism	Mother is able to fill the checklist of preparedness of toilet training in children with autism	Understanding children with autism
					Understanding children's toilet training autism
					Benefits of toilet training for children with autism.
					Stages of toilet preparation for children with autism.
					<i>Check list for toilet preparation for children with autism.</i>
1. Communication Limitations. 2. Unfavorable social adjustment. 3. Digestion In children with autism. 4. JE, JN and R children are not yet self-sufficient in some of the skills listed in table 1.1-1.3.		Various problems of toilet training for autistic children	Mother has knowledge about various issues of toilet training of children with autism.	1.Mothers are able to name some of the toilet training issues experienced by their child.	Autism child communication problems when toilet training. Problems of social adjustment of autistic children when toilet training. Digestion of children with autism when toilet training. The problem of sensory integration of autistic children when toilet training.

2. Mothers can fill out late checklist skills toilet training on their child. Impact of toilet training issues on the development of toilet training skills. Checklist of toilet training skills.

Assesment results of mother and child	Title	Sub Material	Goal	Indicator	Content
Mothers lack the effort to handle the delay of toilet training for autistic children.	A handy guide to the problem of toilet training in children with autism	The Toilet Training Principle	Mothers are knowledgeable about the principles of toilet training and solutions to overcome them.	Mothers are able to deliver solutions and make toilet training programs appropriate to their children.	<ol style="list-style-type: none"> <li>1. Determine the target skills to be trained.</li> <li>2. Recognize the ability of children</li> <li>3. Determine the intensity of toilet training exercises.</li> <li>4. Reward and punishment for the child's behavior.</li> </ol> <ol style="list-style-type: none"> <li>1. Why parents should be involved in toilet training restraints for children with autism at home.</li> <li>2. The benefits of parental involvement train toilet training for children with autism.</li> <li>3. Optimizing the environment to develop toilet training capabilities</li> </ol>

Solutions to solve toilet training problems	Mothers are knowledgeable about the principles of toilet training and solutions to overcome them.	Mothers are able to deliver solutions and make toilet training programs appropriate to their children.	<ol style="list-style-type: none"> <li>1. Visual support</li> <li>2. Addressing the problem of adjustment</li> <li>3. Overcoming digestive problems</li> <li>4. Make toilet training program</li> </ol>
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**Table 5. Evaluation of Module Appearance.**

Number	Question	Answer Category				Information
		Strongly Agree	Agree	Disagree	Strongly Disagree	
1	Image in module 1	3 100%				Mothers I, L, and S rate that the images in modules 1 and 2 support the contents of the material.
2	Image in module 2	3 100%				Mothers I, L, and S rate that modules 1 and 2 are interesting to read.
3	Appearance module 1	3 100%				Mothers I, L, and S rate that the size of the writing of modules 1 and 2 is appropriate and easy to read
4	Appearance module 2	2 66,6%	1 33,3%			
5	Writing size/ module font 1	2 66,6%	1 33,3%			
6	Writing size/ module font 2	2 66,6%	1 33,3%			

**Table 6. Evaluation of the Module Content**

Number	Question	Answer Category				Information
		Strongly Agree	Agree	Disagree	Strongly Disagree	
1	The contents of the material in module 1	1 33,3%	2 66,6%			The subjects (mothers) I, L, and S rate that the contents of the material in the module answer the knowledge about the problem of toilet training and handling steps.
2	The contents of the material in module 2	1 33,3%	2 66,6%			
3	Language and writing module 1	2 66,6%	1 33,3%			Subjects (mothers) I, L, and S rate that language and writing in the module easy to understand.
4	Language and writing module 2	2 66,6%	1 33,3%			
5	Module 1 provides a concrete example in the field that helps parents understand children toilet training issues.	2 66,6%	1 33,3%			Mothers I, L, and S assess that Module 1 provides concrete examples and theoretical benefits in the field in understanding the problem of toilet training for children with autism.
6	Module 1 provides theoretical benefits of helping to understand the problem of toilet training	2 66,6%	1 33,3%			
7	Module 2 provides a concrete example as a practical guide to overcome toilet training.	3 100%				Mothers I, L, and S assess that Module 2 provides concrete examples and theoretical benefits as a practical guide to overcome the problem of toilet training.
8	Module 2 provides theoretical benefits As a practical guide to overcome toilet training.	3 100%				

**Table 7. Evaluation of Practice in the Module**

Number	Question	Answer Category				Information
		Strongly Agree	Agree	Disagree	Strongly Disagree	
1	Explanation of material in module 1 helps do check list.	2 66,6%	1 33,3%			Mothers I, L, and S rate that the explanation in module 1 helps in filling the check list of preparedness of toilet training. Checklist that has been filled also supports the reader in understanding the readiness of toilet training children.
2	The task of filling out the toilet preparation checklist helps to understand the preparedness of toilet training for children.	3 100%				
3	The explanation of the module 2 material helps understand the working of toilet paper checklist.	3 100%				Subjects (mothers) I, L, and S considered that the material explanation in module 1 helped the subject in filling the check list of toilet training issues. Checklist that has been filled also helps the subject in understanding the condition of the child now.
4	The toilet training checklist helps understand the current state of the child.	2 66,6%	1 33,3%			
5	The explanations in modules 1 and 2 help you work out the training program for toilet training.	2 66,6%	1 33,3%			Subjects (mothers) I, L, and S rate that the material explanations in modules 1 and 2 help mothers work on the program of putting together toilet training.
6	The exercise of toilet training program is too difficult to do.				3 100 %	The three subjects also argue that the exercise of programming is not difficult to do.

**Table 8. Qualitative Evaluation of the Module**

<b>Subject .</b>	<b>Criticism and suggestions</b>	<b>Improvements to be made</b>
Mother I.	There are 1 case examples of children experiencing autism experience problems toilet training and how to handle so that can be imitated by parents.	Memberikan tambahan 1 kasus.
Mother L.	Images can be reproduced  It would be great if there is a short video and show it to the parent	Provides additional visual support for home execution.
Mother S.	-	-

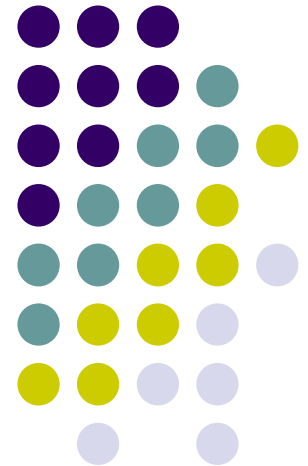
**Table 9. Follow-up results**

<b>Subject</b>	<b>Problems</b>	<b>Method</b>	<b>Purpose</b>	<b>Step handling</b>
Mother I	Urinate and take off the pants are not in place.	Verbal and visual support	JE can take off the pants in the toilet and spontaneously headed toilet ketika merasa buang air kecil.	1. Prohibit by command 2. Take JE to the toilet and show the steps. Not familiarized linger in the room. 3. Assisted with visual support.
Mother L	Taking off the pants is out of place.	visual support.	Children are aware of the environment	1. Preparing visual aids. 2. Organize the hangers in strategic places. 3. Ask the child to hold the pants out in the loose. 4. Consistent train
Mother S	Put your pants on a coat hanger.	Simple instructions and visual support.	Familiarize R put pants on the hanger.	Ask the child to put the clothes hanging while pointing the clothes hanger.

# The Development of Toilet Training Module For Parents of Children with Autism

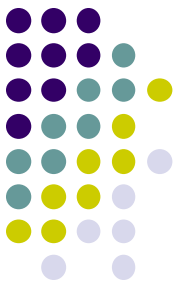
Wahyu Priyono,  
Jatie K. Pudjibudojo, Aniva Kartika  
*Faculty of Psychology,  
University of Surabaya, Indonesia*

*Email: Boneq\_mania@yahoo.com*

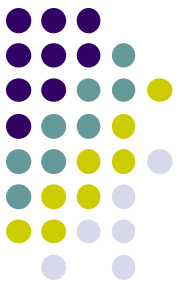


# Introduction

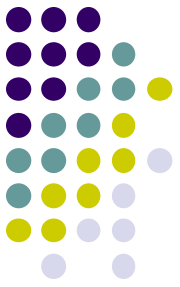
- Toilet training is an important milestone for children for several reasons: independence, safety concerns, and social acceptance
- Toilet training → one of the main tasks in independence → aged 18-24 months (Subagyo, 2010).
- Toilet training individuals with disabilities can be difficult for several reasons
- It is not easy to train toilet training for children with autism → limited communication in understanding the words and instructions of people when performing the task of toilet training (Franklin and Turner, 2015).



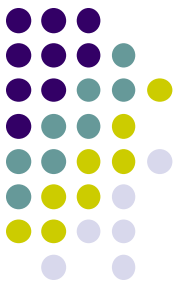




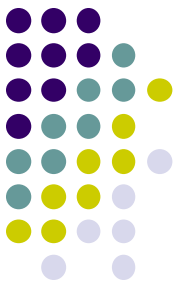
- Autistic child's inadequacy understands what other people think or feel → conflicting norms → e.g. urinate in inappropriate places or do not have feelings of shame when removing pants / urination is out of place (Happe & Frith, 2006).
- ASD → Problem of sensory integration in the tactile sensory area → not feeling the wet / dirty sensation in the pants (Franklin and Turner, 2015).
- Constipation problem + inappropriate diet (Less fiber and water consumption) (Richardson, 2015).
- Parents are less knowledgeable about toilet training issues and solutions to overcome them (McStay, 2013).



- Case example: 3 children with autism (9-10 years old) in special school “H” who have not yet showed independent toilet training skills. → Autism in severe categories → limitations of adaptive functions including both conceptual, social and practical areas at home
- Many children with developmental disabilities require systematic training to acquire independent toileting skills
- Brazelton (1962) developed the “child readiness” approach, which focused on gradual training. This approach described parameters of child and parent toilet training readiness.



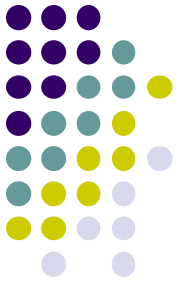
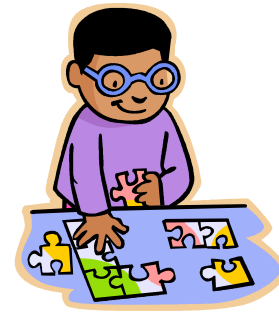
- The Azrin and Foxx (1971) → a parent-oriented method → structured behavioral training → by teaching the component skills of toilet training (Kiddoo, 2006)
- Azrin and Foxx method → successful toilet training → consistently effective for toilet training mentally handicapped children & physically handicapped children.
- Kroeger, and Sorensen (2017) → comprehensive review of the toilet training literature on autistic and disabled children → majority of toilet training programs are modeled after Azrin. New advances : video in toilet training training programs , enuresis alarms, sit-down scheduling, diaper removal, communication training and dry checks



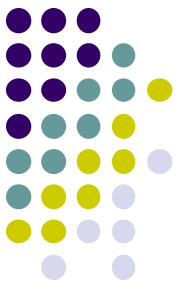
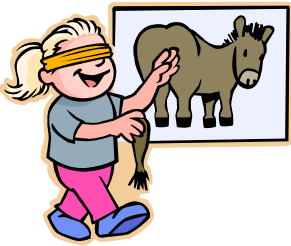
- This paper → module as a solution to overcome the problem of toilet training → to help parents obtain knowledge and solutions to overcome the problem of toilet training.
- The modules are arranged systematically and attractively covering the content of materials, methods and evaluations that can be used independently. The module is also self-instruction by opening the opportunity to the reader to optimally develop their skills in teaching toilet training (Anwar, 2010)



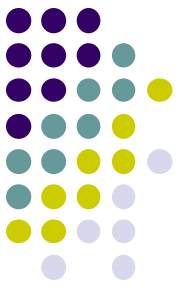
# METHODS



- Participants: 3 mothers of children with severe ASD; had never received training on toilet training. This research was done in "H" special school → sampling technique : purposive sampling.
- Research and development method (Sugiyono, 2012) → 8 stage: Search problem, identify problems with data collection techniques (using observations, interviews, and autism checklists), designing the product (toilet training module), module validation, revision of module, dissemination of module, evaluation of module, revised module production.

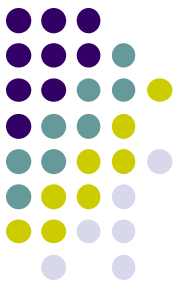


- The measuring instruments : observation, interview and checklist.
- Observation of toilet training skill of ASD children → modifying aspects of toilet training according to adaptive behavior task analysis checklist (ABTAC) from Matson, Dempsey, Fodstad (2009) and Noble (2014).
- Interviews → parenting skills in parenting, → based on Parent-Child Activities from McKelvey (2009).
- Diagnosis of autism → using Childhood Autism Rating Scale (CARS), and Hannel Autism Checklist, Vineland Social Maturity Scale (VSMS)
- Questionnaire to evaluate parental toilet training module



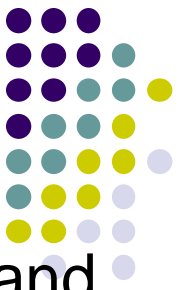
- Modification of Azrin's model (Chung, 2007) is used. → (1) shortened training hours (i.e., from 8 to 3 h/day), (2) omission of the overcorrection procedure, and (3) omission of the urination detection devices.
- Procedure of toilet training:
  - a. Pre training: child's readiness, materials, setting
  - b. Modified RTT: instructions, imitation, behavior training
  - c. After the training

# RESULTS

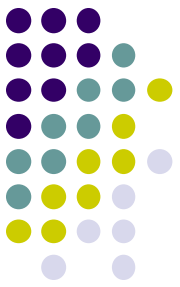


- [Table 1 2 3.docx](#)
- The problems in urinating is varied, meanwhile all of them facing the bowel problem, especially at home & public toilet.
- External factors → mothers are less knowledgeable about the causal factors of child toilet training issues and lack of the skills in teaching proper toileting to their children
- [Table 4.docx](#)
- The module material is arranged based on those data → validated by psychologists who has experience with children with autism. → After validation then the module is circulated to 3 mothers for evaluation.



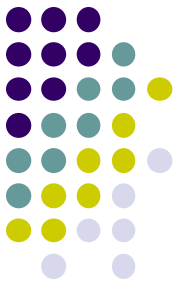


- Module is rated as appropriate and interesting (images and appearances that support the contents of the material); the writing is easy to read → table 5
- [Table 5.docx](#)
- Table 6 → mothers considered that the overall contents of this module were appropriate in terms of language usage, material content, suitability of samples, and solutions being offered
- [Table 6.docx](#)
- Table 7 → the exercises in the module are appropriate because the explanations of the material in module help the mother fill out the checklist and work on the toilet training program.
- [Table 7.docx](#)



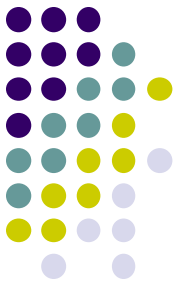
- Follow-up evaluation → 1 week after dissemination process.
- The results → three mothers are still at the stage of understanding the child's toilet training habit such as removing pants outside the toilet
- The three mothers → consistently train it for 1 week → children able to remove the pants in the toilet
- One mother (mother I) also enacts punishment by eliminating pleasant things such as pulling a child from the comfort zone in the room while wetting the bed.

# CONCLUSION, LIMITATION, SUGGESTION



- Based on quantitative data analysis it can be concluded that the toilet training module in children with autism is perceived as appropriate, in terms of module appearance, material content, and cases or practices
- Limitation: no try out and statistically tested
- Suggestion for future research: the module was tested in an experiment so that the impact was significantly influenced on the mother's ability in toileting in children





Thank you!

