Toilet Training







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A thought...

Toilet training may seem like an **overwhelming** and **scary** task for children and parents but in reality it is just another **self help skill**.



As with most self help skills, mastery requires regular **practice** and **positive reinforcement!**

Toilet training is difficult for everyone because the infant was encouraged to use the diaper as a toilet, so the toddler has to unlearn what he has previously learned.

Toilet training should not be a negative, stressful, punitive experience.

Some Characteristics of ASD that Could Make Toilet Training More Challenging - (Apply to all)

- Communication
- Sensory issues
- Preference for routines /learning style
- Motor planning
- Limited imitation
- Limited Social interaction
- Difficulty generalizing (adjusting behaviors to new situations).
- Anxiety levels



Is the Child ready?

For most children between 2 to 3 years of age. Not advisable begin before
 20 months (nervous system and bladder and bowel muscles may be immature).

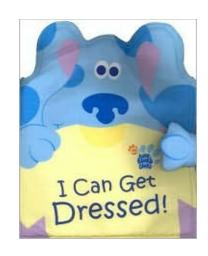
Typical Signs of readiness

- Is there any discomfort in wet or dirty diapers? (pulling it, taking it off, digging in it and or vocalizing displeasure?
- Can the child follow basic directions?
- Can the child get on and off the toilet with minimal or no assistance?
- Can the child communicate to tell you the diaper needs to be changed;
 does he get a clean diaper or take you to the bathroom?
- Are there dry periods during the day?
- Does the child wake up from a nap dry?
- Are bowel movements somewhat predictable?

^{**} It is safe to begin toilet training when the child displays 2 or more of the readiness skills**

Other Aspects to Consider

- ✓ How are the child's dressing skills? Does the child pull pants up or down?
- ✓ Are there any specific fears or interests related to the bathroom?
- ✓ What is his attention span?
- ✓ What is the child's ability to sit upright?
- ✓ Are there medical conditions that may contradict participation? (i.e. Urinary Tract Infection)
- ✓ Is there basic cooperation with undressing as it relates to training?





Physical Structure

- ➤ Bathroom stuff stays in the bathroom. All "elimination" behaviors occur in a specific place.
- Help make the connection: change your child only in the bathroom. This will increase understanding that all urination and vowel movements belong in the bathroom.
- Create a secure and minimally stimulating environment.
- Provide physical body supports as needed.
- Address other sensory challenges (remember all senses).







Environmental Options









The Use of Passions and Interests







- Reinforcers
- Toilet seats
- Toilet paper
- Underwear
- Waiting activities
- Food and drink









Dressing For the Event

YES



- Pull on pants
- Baggy pants
- Underwear
- Skirts
- Sweat pants
- Soft materials (not bulky)











- Belts
- Buckles
- Overalls
- Leotards







Establish Visually Supported Routines (for visual learners)

Familiarity with sitting on the potty at predictable times throughout the day can decrease anxiety around toileting.

Create a visual system to address each step in the sequence



- ✓ Transition object (i.e. bathroom photo/icon)
- ✓ What happens next?

(i.e. photo of next activity or object)

Where Do I Begin?

- Ditch the diapers! (no more diapers or pull-ups)
- Increase fluid intake
- Induce thirst if necessary
- Establish timer choice (to remind yourself to take child to bathroom every 30, 40 or 50 minutes and to use while child seats on the toilet /setup for 2-5 minutes)
- Gather objects of interest including books about toileting (keep in the bathroom)
- Gather reinforces (stickers, tickles, praising, etc)
- Set up sheet for data
- Protect carpeted areas/sofas
- Gather numerous clothing changes (keep in the bathroom)
- Move quickly
- Minimize trainer distractions
- Use modeling when appropriate
- Establish consistent language





The Routine Begins

- Remove night time diaper
- 2. Sit on toilet, set timer (3-4 min)
- 3. Read book, sing song, hold toy until timer indicates



- 4. Success; child urinates = give reinforcer immediately and reset timer for slightly longer period (i.e. if you waited 30 minutes before to take child to the bathroom, now you'll wait 40 minutes to take him again).
 - No success; child does not urinate = remain calm, give supportive statement (if appropriate) and timer reset (for another 30 minutes).
- 5. Timer goes off again, back to bathroom and repeat routine.
- Simple data should be collected to track progress
- Little boys begin with sitting.

Why is Record Keeping/Data So Important?

- It becomes your road map and guides your decision making
- Hopefully becomes reinforcement for the adult
- Follow the planned schedule for one week prior to changing times to fit the child's urination pattern more closely.

The most common reason for lack of success with toilet training is failure to develop a good toileting schedule and remain with it!





Accidents

Accidents are inevitable

- Stay calm.
- Accidents are not punished however child should participate in clean up at whatever level they are capable.
- All accidents should be changed in the bathroom where the desired behavior is supposed to occur.
- Slow down, take your child to bathroom, seat him on toilet and allow him to empty bladder completely
- Offer reminders to prevent accident (children get distracted with other activities such as play).
- Look for tell tale signs
- Be prepared

An increase in accidents or regression without obvious cause may be a sign of a medical issue. Consult your doctor.

Nighttime Training

Wait until your child's nervous system and muscles have matured to the point that their diaper is only slightly damp or even dry most mornings when they wake up.



This may not happen for many months after daytime training.

Nighttime Training

- > Limit fluid intake in the evenings
- > Stop fluids 2-3 hours prior to bed
- Maintain a consistent bedtime routine
- > Toilet immediately before going to bed
- > Toilet anytime awakened during the night
- > Toilet immediately upon waking up in the morning
- Be certain daytime training has been mastered!
- > Do not punish or blame child for bed wetting
- > Keep records of dry and wet nights to look for patterns
- Over the age of 8-9 consider a bed wetting alarm



A child is considered to be **fully toilet trained** when he/she is able to have **fewer than three** toileting accidents of any kind within a **one week period**.





Things to Avoid

- Beginning during a stressful family period (new baby, new home, business trip, etc)
- Pushing the child too quickly
- Punishing accidents
- Beginning during school changes
- Using pull ups or training diapers!



Regression

Explore: Illness, medication initiation or changes

- > In fluid or food consumption
- > In sleep, daily routine, family structure
- In school routine
- Increased levels of anxiety



Response to regression:

- Explore what happened immediately prior to the regression
- > Discuss any current medical issues with a physician
- Minimize the impact of regression by using visual cues, comforting objects, preferred people
- Return to using the strategies that resulted in initial success
- > Avoid anger, disappointment and negative emotions

Child is Trained at Home but Not at School or vice versa

- Meeting between family and school
- Duplicate home factors that result in success (materials, schedule, reinforcers).
- ➤ If child is not having success at home wait until strategies are in place and the child is experiencing some success before beginning home training
- Replicate successful school tools (reinforcers, wipes, adapted seats)
- Maintain ongoing communication between home and school.





Toilet Training Dos and Don'ts

DO



- Be consistent
- Remain calm when child is on the toilet and when an accident
- Positive and encouraging
- Praise child's efforts when he is successful

DON'T



- Act upset, scold or punish child
- Blame, shame or threat the child
- Feel pressured by well meaning family members and friends
- Compare your child with other children

** If is not working re-visit at a later date **

Summarized Training

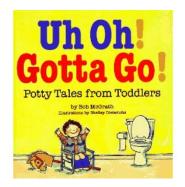
- (a) Removal of diapers while at home
- (b) Scheduled time intervals to go to the bathroom
- (c) A maximum of 3 min sitting on the toilet
- (d) Reinforcers delivered immediately contingent on urination in the toilet
- (e) Gradually increased time intervals between bathroom visits
- (f) Data taking
- **Always finish process with Hand washing!

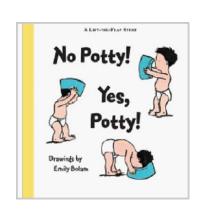




Resources

- Your New Potty by Joanne Cole
- Going to the Potty by Fred Rogers
- <u>Uh Oh! Gotta Go!</u> by Bob McGrath
- Sam's Potty by Barbo Lindgren
- The Princess and the Potty by Wendy Cheyette Lewison
- P.J and Puppy by Catherine Falwell
- When You've Got to Go! by Mitchel Kreigman
- The Potty Book for Boys/Girls by Alyssa Satin Capucill
- Potty Time by Guido van Genechten
- All By Myself by Anna Grossnickle Hines
- Max's Potty by Harriet by Harriet Ziefert
- Once Upon A Potty by Alona Frankel
- <u>Everyone Poops</u> by Taro Gomi
- Flush the Potty by Ken Wilson-Max
- A Potty for Me!: A Lift the Flap Instruction Manual by Karen Katz









The End!

