Toilet Training Children with Developmental Delays

Introduction

This pamphlet is written for parents and caregivers of children with developmental delays and disabilities who are beginning the process of toilet training.

- Why is toilet training important? Along with learning to feed and dress oneself, becoming toilet trained is an important step in personal independence. Socially, it opens up opportunities for interacting with others and taking part in a wider range of activities. In addition, there are practical benefits for caregivers, including time and financial savings connected with diaper changing and the cost of related supplies.
- Why is toilet training a child with developmental challenges often more complicated than training a typically developing child? First, parents and caregivers of children with developmental delays cannot rely on the typical timelines for guidance about toilet training. Instead, they must continue to watch for signs of readiness, even after the toddler years – when training usually begins.

Second, children with delays often have difficulties with language, both in understanding spoken directions and in verbally expressing their toileting needs.



Third, because some children have difficulty with change in their routines, they may be resistant to the steps involved in toilet training, such as taking away diapers or sitting on the toilet for several minutes

Finally, they may also have a high activity level, be anxious in new situations, have difficulty feeling when they need to go, or have sensory sensitivities. For example, they may overreact to the sound of loud flushing, the sight of fluorescent lights, the feel of the toilet seat, or the smells associated with bathrooms.

All of these issues may combine to make toilet training a challenge – but it can be done!

Continued on next page

$\hfill\square$ How do I know my child is ready to begin toilet

training? It depends on several factors, including your child's age, awareness of toileting-related issues, physical readiness, and communication skills. Beginning toilet training too soon may make the process more frustrating for both you and your child. However, if your child is around 3 years or older, look for some of the following signs of readiness:

- Notices when diaper or clothing is wet or soiled.
- Shows interest in self-care (e.g., dressing, hand-washing, toileting).
- · Shows interest in other's toileting behavior.
- Completely empties bladder when voiding and stays dry about 2 hours at a time.
- Has bowel movements that follow a regular and predictable pattern.
- Is able to walk to and from bathroom independently.
- Has the balance to sit on toilet 2 5 minutes.
- Follows a few simple directions (e.g., sit down).
- Indicates need to go to bathroom through facial expressions, postures, gestures, pictures, or words.

Even if your child is not yet showing all of these signs, there are parts of the toilet training process you can begin to help prepare your child.

❑ Am I ready to begin toilet training my child? Since you will be guiding this process, you need to be ready to begin. This means that toilet training is a high priority for you, and that you have adequate time to commit to it. It also means that other people in your child's life – family members, babysitters, daycare providers, teachers – are ready to help. Toilet training will go more smoothly if all the people caring for your child use the same approach. What can I do to prepare? Before beginning toilet training, it may be helpful to keep a "toileting diary" for up to 2 weeks that will capture information about the timing of your child's urination or bowel movements each day. This will provide you with clues about appropriate times to take your child to the toilet.

Depending on your family's comfort level, you may want to provide opportunities for your child to observe another person using the toilet to model undressing, sitting on the toilet, wiping, washing hands, etc.

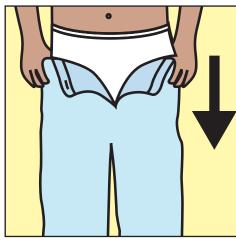
Select the specific words you will use consistently (e.g., pee and poop). Choose words you will feel comfortable hearing your child use in public and when he or she is older.

During this preparation phase, set up the environment to promote success. This may include purchasing a potty chair or adapted seat for the regular toilet, removing distractions, purchasing training pants, and/or selecting rewards to provide the child for specific toileting behaviors.

How do I begin the toilet training? If you have kept a toileting diary, you will hopefully have good information about the best times to take your child to the toilet. For example, the toileting diary indicates that the child is consistently dry at 9:30 a.m. but consistently wet at 10 a.m. This would suggest that a good time to have the child sit on the toilet is right before 10 a.m.

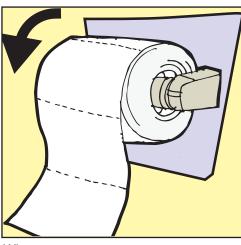
Other strategies, such as developing a visual schedule, may decrease language demands and promote understanding of each step of the process. For example, you can present your child with a sequence of drawings or

Visual Schedule



Go to bathroom and pull down pants





Sit on potty

Wipe

pictures depicting the specific steps: enter bathroom, pull down pants, sit on potty, wipe, flush, pull up pants, wash and dry hands, go to next activity (see example below).

If your child is in the early stages of toilet training, you may have to begin by scheduling trips to the bathroom that only involve certain steps of this process, like being in the bathroom or sitting on the toilet for a few seconds. Deciding where to start will depend on how comfortable and compliant your child is with these first steps of the toileting process.

□ What are other helpful strategies?

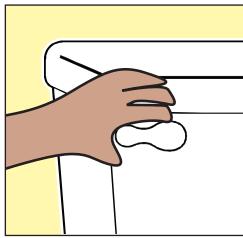
- Increase liquids and high fiber foods to increase the chances of "catching" your child when they need to go to the bathroom.
- Make the bathroom a positive place (music, soft lighting, pleasant scents, etc.) and decrease things about the bathroom that may be seen as negative or anxiety-provoking for your child.
- Decrease discomfort or fear of sitting on toilet by providing foot rests for stabilization and a toilet seat insert.
- Plan clothing for ease of undressing.
- Assemble a basket of preferred toys child is only permitted to use while sitting on toilet.
- Use a timer to increase length of time sitting on toilet.
- Create a "first-then" board to communicate to your child the reward he/she will receive for specific toileting behaviors (for example, "First sit, then bubbles" – as a reward). Remember to provide rewards for the behaviors you want your child to do during the toileting process!
- Use social stories that describe each step of the process through a simple story format.
- · Create a picture card for your child to communicate the

need to use the bathroom, if your child is nonverbal or has a hard time using his/her verbal abilities in stressful situations.

What if we have setbacks? It is common for children to experience setbacks in toilet training, particularly when they go through transitions or other stressful experiences. When setbacks occur, check with your health care provider to evaluate possible medical conditions, such as constipation or urinary tract infections. Once these concerns are treated, you may need to repeat some of the earlier steps of toilet training to get back on track.

Resources and References:

- Vanderbilt Kennedy Center: Download free resources and visual supports on a number of disability-related topics by visiting: vkc.vumc.org and clicking on the "Resources" section.
- HealthyChildren.org from the American Academy of Pediatrics: See toilet training articles at www.healthychildren.org/english/ages-stages/ toddler/toilet-training/Pages/default.aspx
- □ Junior League Vanderbilt Family Resource Center Toll free: (1-800) 288-0391 www.childrenshospitalvanderbilt.org/information/ family-resource-center
- Wheeler, M. (2007). Toilet training for individuals with autism and other developmental disabilities (2nd ed.). Arlington, TX: Future Horizons.







Flush and pull up pants

Wash hands

Next activity

This publication was authored by Evon Batey Lee, Ph.D., Associate Professor of Pediatrics, Psychology and Psychiatry, Vanderbilt University School of Medicine, who serves on the faculty of the Vanderbilt Leadership Education in Neurodevelopmental Disabilities (LEND) Program.

This publication was developed in collaboration with Kim Frank, M.Ed., Educational Consultant, and Families First, a VKC Treatment and Research Institute for Autism Spectrum Disorders (TRIAD) program. It was edited, designed, and produced by the Dissemination and Graphics staff of the Vanderbilt Kennedy Center for Excellence in Developmental Disabilities.

This publication may be distributed as is or, at no cost, may be individualized as an electronic file for your production and dissemination so that it includes your organization and its most frequent referrals. For revision information, please contact courtney.taylor@vumc.org, (615) 322-5658, (866) 936-8852.

This publication was made possible by Grant No. T73MC00050 from the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the MCHB, HRSA, HHS. Printed June 2013. Visual schedule images ©2012 Jupiterimages Corporation.



VANDERBILT KENNEDY CENTER

LEND-LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL DISABILITIES