

# Toilet Training for Children with Autistic Spectrum Disorder (ASD)

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 the cost of nappy changing and related supplies.

Many children with ASD find it difficult to achieve independence in toileting. The main components of a diagnosis of ASD – social communication challenges and restricted interests/repetitive behaviours – can interfere with the process of toilet training.

Some children with ASD may lack the same social motivation to learn to use the toilet in order to show their parents that they are a "big boy" or "big girl" or because their friends are doing it. They may be less likely to show interest in watching and imitating others use the potty or toilet and they may also be less responsive to social rewards, such as praise for successful toileting.

Children with ASD often have difficulty understanding and following verbal directions and may have limited communication skills to express their toileting needs, such as being scared of sitting on the toilet.

Some children with ASD have difficulty with change in their routines; they may be resistant to the steps involved in toilet training. They tend to want to hold on to learned and familiar behaviour routines. For this reason, it can be difficult to get the child with ASD to move on from very early learned behaviour that going to the toilet means performing in a nappy. They may also be anxious in new situations, have difficulty feeling when they need to go or have sensory sensitivities. For example, they may over-react to the sound of loud flushing, the feel of the toilet seat, or the smells associated with bathrooms and toilets.

All of these issues may make toilet training a challenge. The following information outlines classical toilet training strategies and adapted strategies for the child with ASD. It is possible to use elements of both methods to devise a programme most suitable to your child.

It is important to establish that the child has the potential control of bowel/bladder movements. Repeated failure to succeed may require discussion with the child's doctor.

# How do you know if your 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. Signs that indicate your child may be ready include:

- Notices when nappy or clothing is wet or soiled
- · Shows interest in other's toileting behaviour
- Completely empties bladder and stays dry for 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 for 2-5 minutes
- Follows a few simple directions (e.g. sit down)

Indicates the need to go to the toilet 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.

# Are you ready to begin toilet training your 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 the adequate time to commit to it. It also means that other people in your child's life – family members, babysitters, nurseries, 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 you do to prepare?

Before beginning toilet training, it is helpful to keep a "toileting diary" to 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 the steps.

Select the specific words you will use consistently (e.g. wee and poo) and that you will use to prompt a toilet trip (e.g. let's go potty). Choose words you will feel comfortable hearing your child use in public and when he or she is older and that all adults will use with him/her.

# How do you begin the toilet training?

Even though some of the features of ASD complicate toilet training, the preference for routines and the desire for predictability seen in children with ASD may actually be used to facilitate the process. If you have kept a toileting diary, you will hopefully have good information about the best times to take your child to the potty or toilet. For example, the toileting diary indicates that your child is consistently dry when he wakes up at 8am but is wet at 10am. This would suggest that a good time to have the child sit on the toilet would be between 8 and 10am. Set times in your schedule for toilet trips during these times. Communicate them to your child as a regular part of the day, just like eating and dressing, rather than asking if they need to go since this might not be something they can understand at first.

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, pictures, photos or objects depicting the specific steps: enter toilet, pull down pants, sit on toilet, wipe, pull up pants, flush, wash & dry hands, go to the next activity (see example below). You can also use a daily schedule to communicate to your child when the scheduled toilet trips occur, so they can be prepared for them and more easily transition to them.



# Strategies for children with ASD

- The child with ASD may experience great anxiety/fear when faced with a change to their
  routine. As a result it is common for children with ASD to remain dry/clean for hours until a
  nappy is replaced and not respond to the usual toilet training strategies.
- Certain sensory aspects such as the sound of flushing, the feel of the toilet seat (being too high, too cold or too hard) and a fear of dirtying their hands when cleaning, may be problems to overcome. Some simple strategies to follow are as follows:
  - o Have clear consistent routines in all of the child's care settings
  - Change routines very gradually
  - Using lower potty chairs/soft padded toilet seats may help reduce anxiety
  - Use picture timetables/visual prompts such as drawings/photos to raise awareness of toileting
  - Incorporate tactile/messy play into their everyday experience
- Increase liquids and high fiber foods to increase the changes of "catching" your child when they need to use the toilet.
- Make the toilet a positive place (music, soft lighting, pleasant scents, etc.) and decrease things about the toilet 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 stabilisation and a padded toilet seat insert.
- Plan clothing for ease of undressing.
- Assemble basket of preferred toys child is only permitted to use while sitting on the toilet.

- Use a timer to communicate the length of time child needs to sit on the toilet and increase length of time as needed.
- Create a "now-then" board (for example, "now sit, then bubbles" as a reward).
   Remember to provide rewards for the behaviours 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 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.

The following procedure can be followed, however, time scales for moving from one stage to the next must be flexible, child led, and clearly communicated to everyone involved.

## Step 1

Get used to and familiar with the toilet environment without challenging too much. For example, sitting on the toilet with the lid down to wash hands/face, etc.

Take the child into the toilet environment at established times that they usually empty their bowel/bladder. This will begin to get them to associate performing within the right environment. At this stage, allow the child to continue wearing a nappy all of the time.

## Step 2

Allow the child to wear pants throughout but replacing a nappy when taken into the toilet environment at previously established key times. At school or home the child could observe others using the toilet without yet being asked to sit on the toilet itself.

## Step 3

Begin to encourage the child to sit on the toilet immediately following a nappy being put on. Initially, clothing should also be replaced as usual.

## Step 4

Now remove lower clothing so that the child is sitting on the toilet with only a nappy in place.

#### Step 5

Gradually loosen the nappy tabs until the nappy can be just draped over the toilet aperture.

# Step 6

The nappy size could be gradually reduced and/or a hole cut into it to allow urine/faeces to go into the toilet. This can then be shown to the child to reinforce the desired performance.

#### Step 7

Leave using nappies completely and continue with a regularly prompted toileting routine.

It is important to provide prompts at regular intervals once step 7 is achieved, as children with autism often are not aware of their bodily signals that they need to go to the toilet. They could continue to retain urine/faeces if not monitored carefully.

Do not encourage undesired ritualistic behaviours that children sometimes want when going to the toilet. Going along with these may make life more difficult later.

# **Resources for Toilet Training**

## Bed wetting alarms

An enuresis alarm is a device that wakes a child who begins to wet the bed, giving them the chance to get to the toilet i.e. the Dry-Me bedwetting alarm. These bed wetting alarms can help children improve their toileting habits as over time the child learn when they need to wee.

Available from:

www.healthandcare.co.uk

www.welcomemobility.co.uk

https://www.eric.org.uk/pages/shop/department/bedwetting-alarms?dept=bedwetting-alarms

#### Mattress covers

A child may benefit from waterproof mattress covers that go under their bed sheets to protect the bed.

Available from:

www.thesleepsanctuary.co.uk

www.bedlinencentre.co.uk

#### Night suits

Sleep suits offer a practical solution for night time undressing and interference with incontinence aids, smearing or self-harming.

Available from:

www.shop.kcsleepsuits.co.uk

The National Autistic Society

The NAS provide advice on toilet training <a href="https://www.autism.org.uk/about/health/toilet-training.aspx">https://www.autism.org.uk/about/health/toilet-training.aspx</a>

# **Autism Speaks**

Autism Speaks has a toolkit on toilet training, as well as other printable resources. www.autismspeaks.org/family-services/tool-kits

## Books:

Toilet training for Individuals with Autism or Other Developmental Issues (2007) by Maria Wheeler

Where's the Poop? (207) by Julie Markes

Liam goes poo in the toilet: A story about trouble with toilet training (2008) by Jane Whelen Banks

Toilet Training and the Autism Spectrum (ASD): A guide for professionals (2015) by Eve Fleming and Lorraine MacAlister

What to do about smearing: A practical guide for parents and caregivers of people with Autism, Developmental and Intellectual Disabilities (2017) by Kate E. Reynolds

All of the above books are available from: www.amazon.co.uk

# **Contact details**

**Children's Therapy Services** 

Telephone number: 0300 019 2936

For further general health-related information, please ask the relevant department for an information prescription or contact:

Patient Experience University Hospitals Dorset NHS Foundation Trust Longfleet Road Poole Dorset **BH15 2JB** 

Telephone: 0300 019 8499

www.uhd.nhs.uk

We can supply this information in other formats, in larger print or have it translated for you. Please call the Patient Experience Team on 0300 019 8499 or email patientexperienceteam@uhd.nhs.uk for advice.

If you wish to make any comments or to ask about any research evidence used to write this leaflet, please contact the Patient Experience Team on 0300 019 8499, write to the Patient Experience Team (address above) or email patientexperienceteam@uhd.nhs.uk