

A guide for toilet training



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Introduction

While typically developing children usually acquire toilet training by approximately three years of age, children on the autism spectrum often require additional time, with consideration given to the 'developmental' level of the child, and awareness of their body in relation to the whole toileting process.

Many children on the autism spectrum experience difficulties with toilet training, with factors such as challenges with body awareness, limited communication skills, fear of new situations and difficulties picking up bodily sensations all contributing.

Despite these difficulties, the majority of children on the autism spectrum are able to be toilet trained using a combination of consistency, patience, reinforcement systems and visual supports.

Toilet training of any child requires understanding and the knowledge that 'accidents' can occur at times. It is crucial that the whole toileting experience remains a positive one for the child, which is why negative reinforcement or punishment is not used in this program.

Prior to beginning any toileting program, parents/carers should be aware of the need for consistency and that time and patience is required.

The program outlined in this book is NOT designed for children or individuals with medical issues hindering the acquisition of toilet training e.g. chronic constipation, bowel obstruction, persistent diarrhoea or physical disabilities. Nor is it designed for children with very profound intellectual disability.

This program predominately focuses on characteristics that are often associated with autism, e.g. fear of a new environment, resistance to learning a new skill, and sensory sensitivities.

Most children on the autism spectrum learn skills in a particular context and this can make it difficult to generalise this skill in other settings. That is, 'in this situation (or context), this is what I do'. Such rigidity can sometimes result in children 'closing down' their bowels (and sometimes bladder) when parents first decide to introduce training pants or underwear. This can cause stress for caregivers and can sometimes initiate a cycle of constipation which further hinders the acquisition of independence. For children with a history of constipation, refer to page 35 before commencing.



Are you and your child ready?

The program outlined in this book is divided into 2 sections

Stage 1

Learning to sit program is designed for children who refuse to sit on the potty or toilet or may appear to have fear and anxiety associated with sitting. The goal of this program is to establish appropriate sitting behaviour which can then enable the commencement of formal toilet training. The program involves initially rewarding the child for sitting on a potty or toilet, even for just a few seconds.

Stages 2 & 3

Wee and poo training programs are designed for children who are happy to sit for short periods on the potty or toilet (at least one to two minutes) and are ready to be toilet timed and trained. The goal of this program is for the child to do their wees and poos in a potty or toilet, and rewards can be initially used to initiate this.



If your child can sit happily or without significant stress on the toilet or potty for at least one to two minutes, you may wish to begin training at Stage 2 & 3. If not, commence with the Stage 1 sitting training.



Determining whether a child is ready for toilet training is vital, regardless of their abilities. Most parents of typically developing children consider toilet training somewhere between 18 months and two and a half years of age. Most of these children will achieve full independence (during the day) by approximately three and a half years.

Children on the autism spectrum however, often have developmental (or mental) ages which differ from their chronological age. Many who are three years of age have developmental ages well below two years and may not be ready to commence formal training. For younger children, the social implications of being incontinent may be minimal, however for older children e.g. four years or older, being incontinent may result in significant challenges when accessing mainstream childcare or school placements and may also cause increased emotional and financial stress on the family. For these reasons, it is recommended that most children on the autism spectrum commence the initial stages of toilet training by at least four years of age (or earlier for those displaying signs of readiness).

To determine your own readiness for toilet training, ask yourself the following questions:

<p>Does your child appear to be aware of bladder/bowel tension? For example, do they shift their attention from what they are doing or appear aware that something is happening to their body?</p>	YES/NO
<p>Does your child indicate in some way the need to use their bladder/bowel? For example, do they tug at their nappy, approach you or indicate verbally that they are about to open their bladder/bowel (e.g. crying, whinging, or saying "poo", "wee" etc)? Do they move to a quiet area e.g. behind the lounge or to their room when they are opening their bowels?</p>	YES/NO
<p>Is your child uncomfortable in their nappy once they release their bladder or bowel? For example, do they refuse to sit, attempt to take off their nappy, approach you or give a verbal indication that they are uncomfortable?</p>	YES/NO
<p>Has your child begun demonstrating interest in the toileting behaviours of those around them?</p>	YES/NO
<p>Can your child remain dry for an hour or so when not in nappies? For example, when at the beach or when playing outside without a nappy.</p>	YES/NO
<p>Does your child understand the relationship between toilets and using their bladder/bowel? That is, do they know what the toilet is used for? Don't assume knowledge.</p>	YES/NO

If you answered YES to any of these questions, your child may be demonstrating that they have the necessary awareness to commence toilet training.

For many families of children on the autism spectrum, toilet training may be one of several skills currently being addressed. Programs to improve your child's social and communication skills, other self help skills or managing challenging behaviours are common components of most early intervention programs for young children on the autism spectrum. Toilet training can require a significant amount of time, commitment and patience to achieve independence. As a result, determining your own readiness to toilet train your child also requires consideration.

To determine your own readiness for toilet training, ask yourself the following questions:

<p>Am I really committed to starting such an intensive program, or is this someone else's idea?</p> <p>For example, pre-school or extended family?</p>	YES/NO
<p>Are all members of my family committed to working consistently on this program and understand what will be involved?</p>	YES/NO
<p>Are there any other major life events or changes occurring at this time which may impact on the level of commitment I can provide?</p> <p>For example, moving house, change of child care/preschool, change of employment, new baby, or family holiday.</p>	YES/NO
<p>Does my child have any medical problems which could be causing difficulties in toilet training or contribute to future problems?</p> <p>These may include chronic constipation, faecal soiling (involuntary soiling due to poor muscle control), diarrhoea or any physical abnormality. If so, you should consult your medical practitioner before commencing.</p>	YES/NO

If the answers to any of the above questions are likely to impact on the success of toilet training your child, you should address these issues before commencing.

Many parents report having made several attempts at toilet training, and ceased training after encountering problems. Issues include refusing to sit on the potty or toilet, 'too much mess' or difficulty scheduling toilet timing into their busy routines of pre-school, therapy etc. These initial experiences of unsuccessful toilet training can often prove to be very stressful for the child and family and may impact on the child's level of compliance and acceptance when training recommences.

Matching the child's readiness with parent's readiness will often result in a better rate of success. It is therefore crucial that consideration be given to whether this is an appropriate time to commence formal training, as the toileting experience needs to be as positive as possible. As a result, parents may need to consider beginning toilet training when there may be a reduction in the number of settings that the child attends, for example during the school holidays.



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